romerry 9=331)	BURF	AU OF LAND MA	NAGEMENT	Drawer DJ	no is alimn	11-05876	IND BERIAL NO.	
SUN (Do not use thi	s form for propo	CES AND R	epen or plug bac	NAWELLS, and 89	210	INDIAN, ALLOTTEE	OR TRIBE NAME	
OIL X GAS WELL	OIL GAS TOTHER			12 5	7. U	7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR				DEC 15 1991	8. FA	8. FARM OR LEASE NAME		
Hanson Operating Company Inc. V						Commanche Federal		
		ll, New Mexic	o 88202 -	1616	1	ILL NO.		
4. LOCATION OF WELL (Report location of	clearly and in accord	ance with any St	ite requirements.*	10. #	IELD AND POOL, OR	WILDOWS	
See also space 17 below.) At surface Unit I, 1650' FSL & 990' FEL				1	Wildcat			
						11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA		
Unit 1, 165	0, F2F % 8	990' FEL			200		D 055	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)			.12, T.11S,			
30-005-6300	0	3542' GL	-	, or, ecc.)	Cha		New Mexico	
16			Indicate Nat	ure of Notice, Report,	or Other [Pata		
	NOTICE OF INTEN	OF INTENTION TO:		8CBSEQU		UENT REPORT OF:		
TEST WATER SHUT-O	OFF	PULL OR ALTER CASIN	· · ·	WATER SHUT-OFF		REPAIRING WE	LL	
PRACTURE TREAT	·	MULTIPLE COMPLETE	- 1	FRACTURE TREATMENT	<u> </u>	ALTERING CAS	ING	
SHOOT OR ACIDIZE	_	ABANDON®	i!	Other)	Job	ABANDONMENT	•	
(Other)			· '	NOTE: Report F	esults of mul	tipie completion on eport and Log form	Weil	
 DESCRIBE PROPOSED 0 proposed work. If nent to this work.) 	R COMPLETED OFF [well is direction	RATIONS (Clearly stu- mally drilled, give as	te all pertinent dubsurface location	stails, and give pertinent and measured and true	dates, including	ng estimated date s for all markers s	of starting any and sones perti-	
		ith regular				DEC 13 199		
8. I hereby certify that SIGNED Tallie	the foregoing is	true and correct	TITLE Produ	oction Analyst	r	Decembe		
	rel or State				====	****	r 10, 1993	
APPROVED BY	ral or State office	e use)	<u></u>		To be	11/1925	r 10, 1993	
CONDITIONS OF AP			TITLE			DATE CLEANING	r 10, 1993	
CONDITIONS OF AP			TITLE		r	DEC 14		