

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.  
Comm 18M-05876

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Hanson Operating Company, Inc.	3. ADDRESS OF OPERATOR P.O. Box 1515, Roswell, New Mexico 88202-1515	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit I, 1650' FSL & 990' FEL, NE $\frac{1}{4}$ SE $\frac{1}{4}$	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Commanche Federal	9. WELL NO. #1	10. FIELD AND POOL, OR WILDCAT Wildcat	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T. 11S, R. 25E	12. COUNTY OR PARISH Chaves	13. STATE New Mexico
14. PERMIT NO. 30-005-63000	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3542' GL										

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	Plug and Abandon		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Hanson Operating Company, Inc. is proposing to plug and abandon the above well in the following manner:

- 1). Set a CIBP at 1120'+ and cap w/35' of cement to isolate San Andres Perforations(1168' - 1217').
- 2). Set a 100' cement plug at the 13 3/8" casing shoe at 664' to 564'.
- 3). Set a 50' cement plug at surface.
- 4). Install dry hole markers, cut off dead men and clean location for restoration.

All plugs will be Class "C" cement with 9.5# mud laden fluid.

18. I hereby certify that the foregoing is true and correct

SIGNED Patricia A. McShaw

TITLE Production Analyst

DATE April 7, 1994

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE APR 13 1994

\*See Instructions on Reverse Side