

P.O. Box 1960, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88211

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-005-63146

3. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL WELL ☒

GAS WELL ☐

OTHER ☐

2. Name of Operator

Hanson Operating Company

3. Address of Operator

P.O. Box 1515, Roswell, NM 88202-1515

4. Well Location

Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West Line

Section 22

Township 10S

Range 27E

NMPM

Chaves

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10-10-97 Ran in hole with packer & tubing. Set packer at 1981' new perfs to treat, 2111, 12, 13, 14, 2123, 24, 29, 30, 2137, 38, 39. Rigged up BJ & Airco CO2 loaded back side & pressured up to 500#. Pumped 56 bbls. of CO2 at 4 bbls. per min. Pumped 120 bbls of 20% acid along with 112 bbls. of CO2. Pumped acid at 4 bbls. per min & CO2 at 4 bbls. per min. Flushed with 5 bbls. of 2% KCL water. Treating pressure- Min. 3400#, max. 4600#, Avg. 3800#. Injection rate on testing fluid 8 bbls. per min, rate on flush 8 bbls. per min. ISIP 1600#, 5 min. 1575#, 10 min. 1500#, 15 min. 1450#. Rigged down BJ & Airco. Flowed well back to pit for 2 1/2 hrs. Shut well in.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Betsy Speer

TITLE

Production Analyst

DATE 10-17-97

TYPE OR PRINT NAME

Betsy Speer

TELEPHONE NO.

(This space for State Use)

SUPERVISOR, DISTRICT II

OCT 20 1997

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: