Submit 3 Copies
to Appropriate
District Office

cl5f

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
1220 S. St. Francis Dr.
Santa Fe, New Mexico 87504

DISTRICT I
1625 N. French Drive, Hobbs, NM 88240

DISTRICT II
811 S. First Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-005-63146

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
L-6278

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.)

7. Lease Name or Unit Agreement Name

Hanlad B State

1. Type of Well:
OIL
WELL [X]   GAS WELL [ ]   OTHER

2. Name of Operator
HANSON OPERATING COMPANY, INC.

8. Well No.
#7

3. Address of Operator
P.O. BOX 1515, ROSWELL, NEW MEXICO 88202-1515

9. Pool Name or Wildcat
Diablo San Andres

4. Well Location

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

Section **22** Township **10 South** Range **27 East** NMPM **Chaves** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3861' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [X]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: _____ [ ]		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

10/08/2001:   Installed well sign in accordance with Rule 103.

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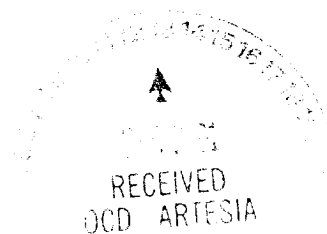
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _Carol J. Garcia_ TITLE **PRODUCTION ANALYST** DATE **12/12/2001**

TYPE OR PRINT NAME **CAROL J. GARCIA** TELEPHONE NO. **505-622-7330 Ext 26**

(This space for State Use)

APPROVED BY _Mike Bratchk_ TITLE _Compliance Officer_ DATE _2/15/02_

CONDITIONS OF APPROVAL, IF ANY: