

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE
(Other instructions
in Drawer DD)

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re

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Fed LC 050158

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Harbold

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Empire Yates 7 Rivers

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 35 T17S R27E

12. COUNTY OR PARISH 13. STATE
Eddy N.M.

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.)

RECEIVED
MAY 12 1986
O. C. D.
ARTESIA OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

James Warren Hanson

3. ADDRESS OF OPERATOR

R342 S Haldeman Rd Artesia, N.M. 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

330' FNL & 2310' FWL Sec 35 T17S R27E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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.) *

3/25/86 Plug and abandon well

Pumped 60 sacks cement (class C) down 2 7/8" tubing set at 408'. Circulated to surface. Fell back 5' after pulling 2 7/8" tubing. Filled in with ready mix. Set dry hole marker.

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

SIGNED

John A. Mason

TITLE

Secretary

DATE

3/31/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

5-7-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side