Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, erals and Natural Resources Department

Form C-103 Revised 1-1-89 THE PARTY

District Office	_				·	
OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO. 30-35-07-229 -15-030-138200			
DISTRICT II P.O. Drawer DD, Ariesia, NM 88210	Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lesse STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G	25 Lesse No. B-1969		
( DO NOT USE THIS FORM FOR PRO	CES AND REPORTS ON WEL POSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	OH PLUG BACK TO A	7. Lease Name o	r Unit Agreement Name		
1. Type of Well: OIL WELL X WELL	OTHER	_	Phillips	Balding St.		
2. Name of Operator Hanson Ener	qv			· 2		
3. Address of Operator R 342 S Haldeman Rd. Artesia, NM 88210			9. Pool name or Wildcat  Red Lake Q-G-SA			
4. Well Location  Unit Letter N : 250	) Feet From TheS	Line and1570	) Feet From	m TheW	_ Line	
Section 15		nge 28E			County	
			. Otho	<u> </u>		
Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO: SUB			eport, or Other Data SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDONA	AENT 🗌	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		_	
OTHER:		OTHER:			<u> </u>	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	oos (Clearly state all pertirent details, an	d give pertinent dates, inclu	ding estimated date o	of starting any proposed		
,				sema .		
Did neo	cassery work to put We	ell on productio	n.	, est and an		
	•	-			2621202)	
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				ARTES,	'A (5)	
		,		RECEIVED OCD - ARTES	9545	
I hereby certify that the information above is true	and completate the best of my knowledge and	belia.				
SIONATURE	Mr Ley m	Agent Agent	9/24/01	DATB		
TYPE OR PRINT NAME Dalton	Bell/			<b>тесетн</b> оке но. 748 <del>г.</del> 2	2134	
(This space for State Use)		4:11	1200	10.5-	-01	
APPROVED BY		<u>Juo</u>	Y' I	DATE/		
CONDITIONS OF APPROVAL, IF ANY:						