

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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.
30-015-01381

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
1969

7. Lease Name or Unit Agreement Name
Phillips Balding St.

8. Well No.
#4

9. Pool name or Wildcat
Redlake.Qn,Gb,SA

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 Energy

3. Address of Operator
R. 342 S. Haldeman Rd. Artesia, N.M. 88210

4. Well Location
Unit Letter K : 2310 Feet From The S Line and 2310 Feet From The W Line
Section 15 Township 17S Range 28E NMPM Eddy County

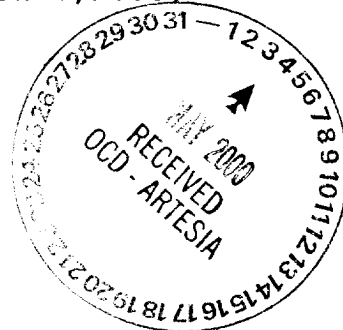
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3544

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Equipment repaired and well placed in production March 1, 2000.



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

SIGNATURE Kathie Hanson TITLE Secretary DATE 4/20/00
TYPE OR PRINT NAME Kathie Hanson TELEPHONE NO. 746-2262

(This space for State Use)

APPROVED BY Michael Wellfield TITLE Field Rep. II DATE 5/16/2000

CONDITIONS OF APPROVAL, IF ANY: