SUNDE	UNITED STATES DEPARTMENT OF THE INT BUREAU OF LAND MANAGE	MENT S ON WELLS	811 S. 1 <b>s</b> t S Artesia, NM	88210-2004 LC-05015
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3180-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE - Other Instructions on reverse side				7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well           X         Oil Well         Gas Well         Other				8. Well Name and No.
2. Name of Operator Hanson Energy				Harbold Fed 15 9. API Well No.
3a. Address R 342 S Haldeman Rd. 3b. Phone No. (include area code)				30-015-25209 10. Field and Pool, or Exploratory Asea
Artesia, NM 88210 4. Location of Well (Footage, Sec. T., R., M., or Survey Description)				Empire Y-SR
C 990 N 2200 W Sec 35 T17S R27E NMPM				11. County or Parish, State Eddy, NM
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA				
TYPE OF SUBMISSION	- <b>-</b>	Т	YPE OF ACTION	
<ul> <li>Notice of Intent</li> <li>Subsequent Report</li> <li>Final Abandonment Notice</li> </ul>	Acidize     Image: Casing image: Casing Repair       Casing Repair     Image: Casing Repair       Change Plans     Image: Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	<ul> <li>Production (Start</li> <li>Reclamation</li> <li>Recomplets</li> <li>Temporarily Aba</li> <li>Water Disposal</li> </ul>	<ul> <li>Well Integrity</li> <li>Other</li> </ul>
If the proposal is to deceped dire Attach the Bond under which it following completion of the iny testing has been completed. Fi determined that the sile is ready Made repairs. Will resume p ACCEP OPIG.	renearly of recomplete addicatily, e he work will be performed or provide olved operations. If the operation reas inal Abandonment Notices shall be file for final inspection.) Pumped Well to Te roduction when Tar TED FOR RECORD SGD.) DAVID FL GLASS JAN 3   2001	the Bond No. on fil ults in a multiple col ed only effer all req est Tank. nk Battery	e with BLM/BIA. Requir mptetion or recompletion is uirements, including reclau Produced 2 E	a. 20 20 20 20 20 20 20 20 20 20 20 20 20 2
14. I hereby certify that the foregoin Name (Printed/Typed)			011 E	act person) 505-748-2134 Bullock Ave Artesia NM
Dalton Bel	<u>1</u> //		Agent Bir I	
Signature	JUI THIS SDACE FOR		12-12-00	
	L			
Approved by Conditions of a; certify that the i which would ept Approval St	ubject To Putting Well On P	۔ ۲oduction	Fitle Dífice	Date
Title 18 U.S.C. And Keeping Well On Continuous Production.			knowingly and willfully t jurisdiction.	to make to any department or agency of the United

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