

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. NM-01375-A
2. NAME OF OPERATOR Hanson Operating Company, Inc.		DEC 10 1993	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1515, Roswell, New Mexico 88202-1515			7. UNIT AGREEMENT NAME B.S.W.U.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit P, 500' FSL & 330' FEL			8. FARM OR LEASE NAME
14. PERMIT NO. 30-015-21911	15. ELEVATIONS (Show whether DP, RT, GN, etc.) 3558' GR		9. WELL NO. #27
			10. FIELD AND POOL, OR WILDCAT Shugart(Y-SR-Q-GR)
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.25, T.18S. R.30E
			12. COUNTY OR PARISH Eddy
			13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

On 11-5-93, repaired collapsed casing at 3240' by setting a cement retainer at 3200' and squeezing 50 sx of Premium Plus Cement into perforations at 3226' - 3246', and tight spot in casing at 3240'. Established circulation outside 8 5/8" casing, and pumped 50 sx of Premium Plus Cement outside 8 5/8" casing. Pumped 48 sx to surface. Found a hole in 5 1/2" casing at 160'. Squeezed 100 sx of Premium Plus Cement at 160'. Circulated 12 sx to surface. Drilled all cement and retainer down to 3410' PBD. RIH with production string and started well producing from 3410'.

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

SIGNED *Patricia A. McShaw* TITLE Production Analyst DATE December 8, 1993

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side