Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-025-22473 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease **District III** 1220 South St. Francis Dr. STATE | 1000 Rio Brazos Rd., Aztec, NM 87410 FEE Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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 Max Gutman PROPOSALS.) 1. Type of Well: Oil Well 🗹 Gas Well Other 2. 8. Well No. Name of Operator HANSON OPERATING COMPANY, INC. #5 Address of Operator 3. 9. Pool name or Wildcat P. O. Box 1515, Roswell, New Mexico 88202 Blinebry, S.Brunson, Drinkard/Abo, Wantz Granite Wash Well Location line and 1650 640 Unit Letter N feet from the South feet from the West line Range 38E 19 Township 22S NMPM Lea Section County Elevation (Show whether DR, RKB, RT, GR, etc.) 3358 RKB 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON** CHANGE PLANS PLUG AND **ABANDONMENT** PULL OR ALTER CASING **MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. Hanson Operating Company, Inc. requests approval to squeeze the 8 5/8" casing with 250 sacks of Class C Neat cement Hobbs I hereby certify that the information above is rue and complete to the best of my knowledge and belief. TITLE Production Analyst SIGNATURE _DATE 9/5/03 Type or print name Telephone No. (505) 622-7330 hanson@dfn.com (This space for State use)

OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE

APPPROVED BY

Conditions of approval, if any: