

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. UNIT 2510, ROSWELL, N. M.  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-86945	
2. NAME OF OPERATOR Hanson Operating Company, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1515, Roswell, New Mexico 88202-1515		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  Unit K, 1650' FSL & 1650' FWL, NE $\frac{1}{4}$ SW $\frac{1}{4}$		8. FARM OR LEASE NAME Junction Federal	
14. PERMIT NO. 30-041-20863		9. WELL NO. #1	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 4042' GR		10. FIELD AND POOL, OR WILDCAT Allison Penn-Bough C	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.17, T.8S, R.37E	
		12. COUNTY OR PARISH Roosevelt	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 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 PLANE <input type="checkbox"/>	(Other) <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.)\*

The information for the Disposal of produced water on the above well is as follows:

1. Owner: New Mexico SWD Systems
2. Location: 660' FSL & 660' FEL, Sec.15, T.10S, R.34E, Lea County, New Mexico
3. Name of Site: Magnolia 4 Lakes Well #4
4. Type of Disposal: Injection
5. Permit Number: OCD Order # SWD-74

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

SIGNED <u>Patricia A. McShaw</u>	TITLE <u>Production Analyst</u>	DATE <u>December 29, 1993</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

