

BUREAU OF LAND MANAGEMENT

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM-86945

6. INDIAN, ALLOTTEE OR TRIBE NAME

HOBBS, NEW MEXICO 88240

7. UNIT AGREEMENT NAME

NA

8. FARM OR LEASE NAME

Junction Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat Devonian

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec.17-8S-37E

12. COUNTY OR PARISH

Roosevelt

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Hanson Operating Company, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 1515, Roswell, New Mexico 88202-1515

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface1650' FSL & 1650' FWL, Sec.17-8S-37E
Unit K NESW.

14. PERMIT NO.

30-041-20863

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

4042' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

FILL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Hanson Operating Company, Inc., is proposing to acid fracture the existing Bough C perforations(9438' - 9460') with 10,000 gallons of Gelled water followed by 10,000 gallons of 20% Gelled NEFE Acid, overflush with 2,000 gallons of Gelled water. Place well back in production.

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

SIGNED Patricia A. McNewTITLE Production AnalystDATE 11/5/93

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

