

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.)

HOBBS, NEW MEXICO

88240 INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Hanson Operating Company, Inc.		8. FARM OR LEASE NAME Tuxedo Federal	
3. ADDRESS OF OPERATOR P.O. Box 1515, Roswell, New Mexico 88202-1515		9. WELL NO. #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit J, NW¼ SE¼, 1990' FSL & 2004' FEL		10. FIELD AND POOL, OR WILDCAT North Allison-San Andres	
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		14. PERMIT NO. 30-041-20870	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4038' GR			

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

T.A. approval

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Squeeze

(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.) *

12/13/93

Set a cement retainer at 4765'. Squeezed horizontal section with 50 sx of Premium Plus "C" cement and squeezed to 600 PSI.

Hanson Operating Company, Inc. request permission to leave well T & A until a re-entry is proposed. If a re-entry is not proposed, the well will be plugged and abandoned.

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

SIGNED

Cecilia R. McLean

TITLE

Production Analyst

DATE

December 13, 1993

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

T.A. APPROVED FOR 12 MONTH PERIOD
ENDING DEC 13 1994
See Instructions on Reverse Side

DATE

APPROVED

BUREAU OF LAND MANAGEMENT

JAN 4 1994

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA