

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPPLICATE
(Other instructions on re-
turn of forms.)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-71794

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ 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 surface

1990' FSL & 2004' FEL, Unit J

7. UNIT AGREEMENT NAME

6. FARM OR LEASE NAME
Tuxedo Federal

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
North Allison-San Andres

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA
Sec. 17, T8S, R37E

14. PERMIT NO.
30-041-20870

15. ELEVATIONS (Show whether OF, BY, OR, etc.)
4038' GR

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PELL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Setting & Cementing Surface Csg

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

Ran & Cemented 500' 13 3/8 - 48# ST&C Casing. Set at 500'.
Cemented with 500 sx Premium Plus Cement w/2% CaCl per sx.
Plug down at 6:45 AM 7-6-93. Circulated 150 sxs to surface.
PSI to 500 PSI. WOC 18 HRS.



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

SIGNED

Patricia A. McGraw

TITLE

Production Analyst

DATE July 13, 1993

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

JUL 15 1993

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

4419

RECEIVED

1911

1911