

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-005-21103
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	

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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Lease Name or Unit Agreement Name Presler Lake
2. Name of Operator Hanson Operating Company, Inc.	8. Well No. #1
3. Address of Operator P. O. Box 1515, Roswell, New Mexico 88202-1515	9. Pool name or Wildcat Many Gates San Andres
4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>9S</u> Range <u>30E</u> NMPM Chaves County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4079' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Cem Squeeze, Hydro-Jet & Acidize ☒

12. 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.

03-20-92 Re-squeezed San Andres perf 3239-3296' w/140 sx Premium Plus cem.

03-24-92 Hydro-Jet perfs 3239-3241, 6 holes.

03-26-92 Acidize San Andres perf 3230-3241' w/1500 gal NeFe Acid.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Lisa L. Jennings TITLE Production Analyst DATE 03-27-92
TYPE OR PRINT NAME Lisa L. Jennings TELEPHONE NO. 622-7330

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE MAR 31 1992
CONDITIONS OF APPROVAL, IF ANY: