Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

NOV - 5 1993

WELL API NO. 30-005-21108

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.)

7. Lease Name or Unit Agreement Name: Presler Lake

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Hanson Operating Company, Inc.

8. Well No. 2

3. Address of Operator: Post Office Box 1515, Roswell, New Mexico 88202-1515

9. Pool name or Wildcat: Many GAtes San Andres

4. Well Location
Unit Letter L : 1980' Feet From The South Line and 660' Feet From The West Line

Section 7 Township 9S Range 30E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4072' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☒	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:			☐

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.

Hanson Operating Company, Inc., is proposing to perforate the San Andres. Intervals as follows:
(3243,3248, 3250, 3251, 3254, 3255, 3256, 3264, 3266, 3268, 3269, 3278)
12 holes.
Acidize each perforation with 20% acid. Acid frac the San Andres. Intervals from (3234' to 3286'). Place well back into production.

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

SIGNATURE Patricia A. McGraw TITLE Production Analyst DATE 11/04/93

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE NOV 17 1993

CONDITIONS OF APPROVAL, IF ANY: