

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

JUL 16 1993

WELL API NO.	30-005-21108
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Presler Lake
8. Well No.	2
9. Pool name or Wildcat	Many Gates San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4072' GR

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Hanson Operating Company, Inc.
3. Address of Operator Post Office Box 1515, Roswell, New Mexico 88202-1515	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 <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

It is proposed to Hydro-Jet Perforate the San Andres at 3282' - 3286' (6 Holes).
Acidize w/2000 gal. of 15% NEFE Acid.
Place well back in 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 7-15-93

TYPE OR PRINT NAME Patricia A. McGraw TELEPHONE NO. 622-7330

(This space for State Use)

Orig. Signed by Paul Kautz DATE JUL 27 1993
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: