

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.	30-005-21108
5. Indicate Type of Lease	STATE ☐ FEE ☒
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 ☒ GAS WELL ☐ OTHER ☐	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 ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☒
	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.

Spud 3:30 PM 2-25-92

2-26-92 Ran & cemented 21 jts 10 3/4" 40.5# J-55 ST&C csg. Set at 922'
Cement as follows 400 sx Halliburton Lite w/4# Flocele'P/sx
200sx Premium Plus w/2% CaCl₂ Plug Dn 5:10 PM. Psi Csg to 500#. Circ
65sx cem to surface pit. WOC 18 Hrs.

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 2-28-92
TYPE OR PRINT NAME Lisa L. Jennings TELEPHONE NO. 622-7330

(This space for State Use)

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

MAR 03 '92