

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

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

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

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

WELL API NO. 30-005-21123
3. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Presler Lake
8. Well No. 5
9. Pool name or Wildcat Many Gates San Andres

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 P.O. Box 1515, Roswell, New Mexico 88202-1515	
4. Well Location Unit Letter <u>D</u> : <u>990</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.) 4058' GR	

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

On December 14, 1994, Perforated the San Andres with 2 holes at 3284' and 2 holes at 3282'.
Acidized w/500 gal of 20% Acid.
On December 16, 1994, Perforated the San Andres with 2 shots per foot at 3270' and 3269'.
Acidized w/750 gal of 20% Acid.
On December 17, 1994, Perforated the San Andres with 1 shot per foot at 3229', 3230', 3235',
3236', 3237', 3238', 3240', 3243', 3246', 3249', 3257', 3258', & 3259'.
Acidized with 1500 gal of 20% Acid.

DEC 29 '94

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 12/27/94

TYPE OR PRINT NAME Patricia A. McGraw

TELEPHONE NO. 622-7330

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 04 1995