NO. OF COPIES RECEIVED			*Form C-103
DISTRIBUTION		HOBBS OFFICE O.	Supersedes Old
SANTA FE	NEW MEXICO OIL CO	ONSERVATION, COMMISSION	C. C. C-102 and C-103 Effective 1-1-65
FILE		MAY 27 10 00 00	State Fee X
U.S.G.S.	<u>·</u>	-, 10 30 VIII	Ga. Indicate Type of Lease
LAND OFFICE			State Fee X
OPERATOR			5. 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 "PAPPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			
OIL GAS WELL	7. Unit Agreement Name		
2. Name of Operator			8. Farm or Lease Name
Hanson Oil Company & Wilbur L. Shackelford			Blackwater Draw
3. Address of Operator			9. Well No.
	x 1515, Roswell, New	Mexico 88201	1
4, Location of Well UNIT LETTER A . 660 FEET FROM THE NORTH LINE AND 660 FEET FROM			10. Field and Pool, or Wildcat Wildcat
LINE AND FEET FROM			
THE East LINE SE	ction 17 township 1	-S 36-E	
THE LAST LINE, SECTION AT TOWNSHIP 1-3 RANGE NMPM			(
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
	4013	• GL	Roosevelt
Chec	k Appropriate Box To Indicate	e Nature of Notice, Report or C	Other Data
	INTENTION TO:		NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	X REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	_	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
	-	OTHER	
OTHER			
17. Describe Proposed or Completer	Operations (Clearly state all pertinent	details and give portingst dates include	ng estimated date of starting any proposed
work) SEE RULE 1103.	- Operations Orderly state are perturent	actures, and give pertinent dates, includi	ng estimatea date of starting any proposed
It is proposed 25 sach 25 sach 25 sach 25 sach 10 sach The location of erected. Verbal permissions granted visus granted visus sach	ks @ Top of Glorietts ks @ Top of San Androks @ Base of Salt Forks @ Top of Salt Forks @ Top of Salt Forks in-and-out of 8-5 ks at the surface. will then be cleaned sion to plug and abar	es Formation. rmation. mation.	dry hole marker
18. I hereby certify that the information of the second of	TITLE	Manager SUPERVISOR DISTRICT	May 22, 1969
CONDITIONS OF APPROVAL. IF A	Ev.	9	DAIL
CONDITIONS OF APPROVAL, IF A	NI.		