Submit 3 Copies To Appropriate District Office Ener	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240	Lifergy, Millerals and Matural Resources		WELL API NO. 30-025-24976	
Strict II I South First, Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type o	f Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	0. Dia Promos Rd Agton NM 97410		STATE 🗖	FEE 🗹
District IV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Ga	is Lease No.	
SUNDRY NOTICES AND	REPORTS ON WELLS		7. Lease Name or	Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Caldonia	
1. Type of Well: Oil Well Gas Well 🗹 Other				
2. Name of Operator Hanson Operating Company, Inc.			8. Well No.	
			#1 9. Pool name or	Wildcat
3. Address of Operator P. O. Box 1515, Roswell, NM 88202-1515			Eidson Queen	
4. Well Location				
Unit Letter <u>N</u> : 660	_feet from the _South	line and 1	980 feet from	the <u>West</u> line
	evation (Show whether D	inge 34E R, RKB, RT, GR, etc		_{County} Lea
	1082.9 GL			. – 4.4 ¹²⁷
11. Check Appropria NOTICE OF INTENTION			SEQUENT REP	
		REMEDIAL WOR		
	SE PLANS	COMMENCE DRI	·	PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIF		CASING TEST AN	ND	
OTHER:		OTHER:		
12. Describe proposed or completed oper of starting any proposed work). SEE RU or recompilation.				
Hanson Operating Company, Inc. p	proposes to plug and al	pandon the well in	the following mann	er:
 Set CIBP at 4006' with 35' ceme Load casing with 9.5 gelled brin Set 100' Plug at 2900' - 2800'. Set 100' Plug at 1800' - 1700'. Perf at 420'. Squeeze perfs with 35 sacks ce Set 60' Plug at 60' - Surface. Set Dry Hole Marker. Reclaim location. 	ent cap. le water. Tag. THE CO HOUR HOUR PLUGO	OMM L. 5 PRIOR TO LHI BING OPERATION APPROVED.	: Biol IX	С.
2/8/2002 Verbal approval by Sylvia	Dickey and Chris Willi	ams, OCD Hobbs		
I hereby certify that the information above is	true and complete to the	best of my knowled	lge and belief.	
SIGNATURE and J. Y	Barcia TITLE	Production Analy	yst	DATE/7/02
Type or print name Carol J. Garcia			Telepl	none No. (505) 622-7330
(This space for State use)		· · · · · · · · · · · · · · · · · · ·		FEB 1 9 2002
APPPROVED BY	THE	CONTO DA	LINAGE	DATE
Conditions of approval, if any:	CALLE W. V	VINK	11/STAFF MANAO	
	OG FIELD I	REPRESENTATIO	II/STAFF MANAGE	\bigcirc

Al mP

\mathcal{Z}
\frown