

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N. M. 05519

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Mescalero Ridge
2. NAME OF OPERATOR Ernest A. Hanson	8. FARM OR LEASE NAME Mescalero Ridge U. 26
3. ADDRESS OF OPERATOR P. O. Box 1515, Roswell, New Mexico	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FSL & 660' FEL Sec. 26, T. 19 S., R. 34 E., NMPM Lea County, New Mexico	10. FIELD AND POOL, OR WILDCAT Pearl Queen
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3740' KB
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26 - 19S - 34E
	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

6-15-66 Spud well this date with cable tools.
6-18-66 Ran 8-5/8", 24#, H-40 casing @ 211' & cemented w/150 sacks regular + 2% CaCl. Cement circulated to the surface. WOC 24 hrs. Bailed hole dry & tested 1 hr. w/no fluid fill-up.
6-20-66 TD 460' red beds. Moving off cable tools.
6-30-66 MIR. Spud with rotary @ TD 460'.
7-13-66 TD 5150' dolo. Ran 5-1/2", 15-1/2#, J-55 casing @ 5150' & cemented with 350 sx neat Incor.
7-14-66 Top of cement @ 3240'. WOC 24 hrs. Tested casing @ 1000 lbs. for 24 hrs. w/no leaks.
7-20-66 Perf. 1 SPF @ 4623, 4525, 4627, 4633, 4642, 4644, 4646, 4816, 4817, 4848, 4970, 4971 & 4972.
7-21-66 Frac. w/ 1000 gals. acid + 40,000 gals. lease oil + 30,000 lbs. sand.

18. I hereby certify that the foregoing is true and correct

SIGNED

Ernest A. Hanson

TITLE

Explor. Mgr.

DATE

7-28-66

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

AUG 9 1966

A. R. BROWN
DISTRICT ENGINEER

DATE

*See Instructions on Reverse Side