

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 05519

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Mescalero Ridge

8. FARM OR LEASE NAME

MRU "26"

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Pearl Queen

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 26-19S-34E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. NAME OF OPERATOR Ernest A. Hanson
3. ADDRESS OF OPERATOR P. O. Box 1515, Roswell, New Mexico	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 1980' FEL Sec. 26, T-19-S, R-34-E Lea County, New Mexico
14. PERMIT NO.	15. ELEVATION* (Show whether DF, RT, GR, etc.) 3742 KB

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"/>	

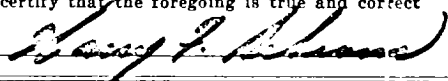
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

- 9-19-66 Spud well.
Ran 8 5/8", 24#, H-40 csg. @ 208' w.200 sx. reg. + 2% Cacl. Cmt. circ. to surf.
- 9-20-66 W.O.C. 24 hrs. Pressure tested casing to 600 lbs. for 30 minutes. No leaks.
Prep. to drill ahead.
- 10-5-66 T.D. 5150' Dolo. Ran 5 1/2", 15 1/2#, J-55 csg. @ 5145' w/350 sx. neat Incor
cement. W.O.C. 48 hrs. Tested csg. @ 1000 lbs. for 48 hrs. No leaks.
- 10-10-66 Perf. 1-0.50" jet @ 4630, 4632, 4637, 4650, 4652, 4654 & 4657'.
Frac. w/750 gals. acid + 20,000 gals. lease oil + 20,000 lbs. sand via 5 1/2" csg.

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

SIGNED



TITLE

Exploration Manager

DATE

10-17-66

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side