

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 7 LIGATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

N.M. 052

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 Unit
3. ADDRESS OF OPERATOR P. O. Box 1515, Roswell, New Mexico	9. WELL NO. 17
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1650' FEL Sec. 35, T-19-S, R-34-E, N.M.P.M. Lea County, New Mexico	10. FIELD AND POOL, OR WILDCAT Pearl Seven Rivers
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3725' KB
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35 - 19S - 34E
	12. COUNTY OR PARISH Lea
	13. STATE New Mex.

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 checked="" 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.)

- 4-25-67 Commence drilling. Ran 8-5/8", 32#, J-55 casing @ 227' w/ 200 sx. reg. cement plug 3% CaCl. Cement circulated to the surface. WOC
- 4-26-67 WOC 24 hrs. Pressure tested casing at 1000 psi for 30 mins. No leaks & pressure held. Prep. to drill ahead.
- 5- 2-67 Total Depth @ 4040' dolomite. Ran 5-1/2", 14#, J-55 casing @ 4040' w/200 sx. neat Incor with sat. salt. WOC 24 hrs. Tested casing @ 1000 lbs. for 24 hrs. No leaks.
- 5-10-67 Perforated 1 - 0.50" jet per ft. @ 4009', 4012', 4015', 4018', 4020', 4022' & 4024'. Frac. 1000 gals. Spearhead acid + 22,260 gals. lease oil + 20,000 lbs. 20-40 sand + 550 lbs. Adomite.

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

SIGNED Harry P. Johnson TITLE Exploration Manager DATE 5-15-67

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE _____

MAY 19 1967

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER