

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TWO COPIES
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. N.M. 04452
2. NAME OF OPERATOR Ernest A. Hanson		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1515, Roswell, New Mexico		7. UNIT AGREEMENT NAME Mescalero Ridge
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL & 1980' FWL Sec. 26, T-19-S, R-34-E, N.M.P.M. Lea County, New Mexico		8. FARM OR LEASE NAME "26"
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3751' KB	9. WELL NO. 5
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Pearl Queen
NOTICE OF INTENTION TO:		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26 - 19S - 34E
SUBSEQUENT REPORT OF:		12. COUNTY OR PARISH Lea
		13. STATE N. Mex.

TEST WATER SHUT-OFF <input type="checkbox"/>		PULL OR ALTER CASING <input type="checkbox"/>		WATER SHUT-OFF <input type="checkbox"/>		REPAIRING WELL <input type="checkbox"/>	
FRACTURE TREAT <input type="checkbox"/>		MULTIPLE COMPLETE <input type="checkbox"/>		FRACTURE TREATMENT <input checked="" type="checkbox"/>		ALTERING CASING <input type="checkbox"/>	
SHOOT OR ACIDIZE <input type="checkbox"/>		ABANDON* <input type="checkbox"/>		SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>		ABANDONMENT* <input type="checkbox"/>	
REPAIR WELL <input type="checkbox"/>		CHANGE PLANS <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.)*

- 4-26-67 Perforated with 8 - 1/2" jets per foot at 4990', 4991', 4992', 4994', 5003', 5004', 5005' & 5006'.
- 4-27-67 Frac. with 1500 gals. Spearhead acid + 19,740 gals. lease oil + 14,500 lbs. 20-40 sand + 2000 lbs. 10-20 sand + 650 lbs. Adomite.
- 4-28-67 Ran 2-3/8" tubing and began swabbing well back.

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

SIGNED Harry F. Williams TITLE Exploration Manager DATE 4-28-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____