

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TWO  
(Other Instructions  
on reverse side)ICATE\*  
on re-Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N.M. 05519

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Mescalero Ridge

8. FARM OR LEASE NAME

"26"

Mescalero Ridge Unit

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

Sec. 26 - 19S - 34E

12. COUNTY OR PARISH

13. STATE

Lea

N. Mex.

1.

OIL  
WELL ☒ GAS  
WELL ☐ 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

1650' FSL & 1980' FEL  
Sec. 26, T-19-S, R-34-E  
Lea County, New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3742' GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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 perti-  
nent to this work.)\*7-24-67 Spud well @ 12:00 PM. Ran 8-5/8" casing @ 211' w/250  
sacks cement. Cement circulated. Plug down @ 7:00 PM.  
W.O.C.7-25-67 T.D. 211' red beds. W.O.C. 24 hrs. Tested casing @  
1000 psi for 30 minutes. No leaks.

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

SIGNED

*Harry F. Schuman*

TITLE Exploration Manager

DATE 8-15-67

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

AUG 21 1967

\*See Instructions on Reverse Side

J L GORDON  
ACTING DISTRICT ENGINEER