

## 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. NM-06413	
2. NAME OF OPERATOR HANSON OPERATING COMPANY, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. BOX #1515, ROSWELL, NEW MEXICO 88202-1515		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FWL, 330' FNL Sec. 6, T. 20S, R. 35E		8. FARM OR LEASE NAME CACTUS FEDERAL	
14. PERMIT NO.		9. WELL NO. #3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3694' GR		10. FIELD AND POOL, OR WILDCAT Pearl-Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T. 20S, R. 35E	
		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 ☐

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 pertinent to this work.)\*

Perf 4912 - 4916' w/4 shots & 4894 - 4900' w/6 shots. Acidized w/4200 gals 15% acid.  
Perf 4966 - 4970' w/5 shots. Acidized w/1000 gals 15% NE acid.  
Perf 4650 - 4655' w/4 shots & 4662 - 4670' w/8 shots.  
Squeezed intervals 4650 - 4655' & 4662 - 4670' w/75 sx Class "H" cement.  
Frac trtd 4912 - 4916' & 4894 - 4900' w/51,500# sd.  
Put well on pump.

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

SIGNED Brenda G. Witt

TITLE Production Analyst

DATE 10/26/84

(This space for Federal or State office use)

APPROVED BY SWQ

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY

OCT 31 1984

Calderon NEW MEXICO

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

X
X

PULL OR ALTER CASING


FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF


FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

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Perforate intervals 4650 - 4655', 4662 - 4670', 4894 - 4900', 4912 - 4916', 4966 - 4970'.

Acidize intervals w/3000 gals 15% NE acid & evaluate for further stimulation by fracturing.

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

SIGNED Burda G. Witt

TITLE Production Analyst

DATE 10/12/84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED BY  
CARLESON

DATE

10-24-84

\*See Instructions on Reverse Side