STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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## OIL CONSERVATION DIVISION
### P. O. BOX 2088
### SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐        Foo ☒

5. State Oil & Gas Lease No.

## 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 —" (FORM C-101) FOR SUCH PROPOSALS.)

1.
OIL WELL ☒     GAS WELL ☐     OTHER-

7. Unit Agreement Name

2. Name of Operator

HANSON OPERATING COMPANY, INC.

8. Farm or Lease Name

MATTERN

3. Address of Operator

P. O. BOX 1515, ROSWELL, NEW MEXICO 88202-1515

9. Well No.

2

4. Location of Well

UNIT LETTER __K__ , __198__ FEET FROM THE __South__ LINE AND __1783__ FEET FROM

THE __West__ LINE, SECTION __30__ TOWNSHIP __21S__ RANGE __37E__ NMPM.

10. Field and Pool, or Wildcat

BLINEBRY

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

3511 K.B.

12. County

Lea

16.
## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER_____ ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER_____
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5/3/85    Spotted 750 gal Gypsol over Blinebry perforations. Let set 24 hours,
          then acidized with 2500 gallons 15% NE Acid.  Put well back on pro-
          duction May 4, 1985.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED _David Sinceri_____     TITLE Drilling & Production Super.     DATE May 10, 1985

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY _____ DISTRICT SUPERVISOR _____     TITLE _____     DATE _____

MAY 1985

CONDITIONS OF APPROVAL, IF ANY: