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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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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-

2. Name of Operator  
**HANSON OPERATING COMPANY, INC.**

3. Address of Operator  
**P. O. BOX #1515, ROSWELL, NEW MEXICO 88202-1515**

4. Location of Well  
UNIT LETTER J 1780 FEET FROM THE South LINE AND 1650 FEET FROM  
THE East LINE, SECTION 25 TOWNSHIP 21S RANGE 36E NMPM.

7. Unit Agreement Name
8. Farm or Lease Name <b>KINGWOOD</b>
9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>Undes. Drinkard</b>
12. County <b>Ira</b>

15. Elevation (Show whether DF, RT, GR, etc.) <b>3546.4' GR</b>
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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.

We propose to isolate the amount of water being produced and squeeze this water off; isolate the Drinkard formation with a bridge plug, and attempt a recompletion in the Blinberry formation. If successful, we will temporarily abandon the Drinkard or proceed with an application for commingling.

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

SIGNED Brenda R. Skitt TITLE Production Analyst DATE 08/15/85

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT SUPERVISOR DATE AUG 19 1985

CONDITIONS OF APPROVAL, IF ANY: