## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| we. or tonite accelves |  |  |  |  |  |
|------------------------|--|--|--|--|--|
| MOLTHBUTION            |  |  |  |  |  |
| BANTA FE               |  |  |  |  |  |
| FILE                   |  |  |  |  |  |
| U.S.G.S.               |  |  |  |  |  |
| LAND OFFICE            |  |  |  |  |  |
| OPERATOR               |  |  |  |  |  |

## **UIL CONSERVATION DIVISION**

Form C-103 -

| SANTA FE                                      | SANTA FE, NEW MEXICO 87501 |                   |                      | Revised 10-1-78                               |                     |                      |          |
|---|----------------------------|-------------------|----------------------|---|---------------------|----------------------|----------|
| FILE  | 7                          | IA FE, 1461       | V MEXICO 87          | 501   | Sa. Indicate Typ    | 0 0 1 0000           |          |
| U.S.G.S.                                      | J                          |                   |                      |   |                     |                      |          |
| LAND OFFICE                                   |                            |                   |                      |   | State X             | Fee                  | _        |
| OPERATOR                                      | ل                          |                   |                      |   | 5. State Oil & G    | as Lease No.         |          |
|   |                            |                   |                      |   | B-1167              | <del>~~~~</del>      | _        |
| SUNDE   | RY NOTICES AND             | REPORTS ON        | I WELLS              |   |                     |                      | 1        |
| (DO NOT USE THIS FORM FOR PR<br>USE "APPLICAT | TION FOR PERMIT —" (FOR    | IM C-101) FOR SU  | CH PROPOSALS.)       | , RESERVOIR.                                  |                     | 71111111111          | 7        |
| 1.  |                            |                   |                      |   | 7. Unit Agreeme     | nt Name              |          |
| WELL XX WELL                                  | OTHER-                     |                   |                      |   | <u> </u>            |                      |          |
| 2. Name of Operator                           |                            |                   | 8. Farm of Leas      | 8. Farm of Lease Name                         |                     |                      |          |
| HANSON OPERATIN                               | NG COMPANY, INC            | •                 |                      |   | SHELL STA           | ATE                  |          |
| 3. Address of Operator                        |                            | _                 |                      |   | 9. Well No.         |                      |          |
| P. O. BOX #1515                               | 5, ROSWELL, NEW            | MEXICO 8          | 88202-1515           |   | 1                   |                      |          |
| 4. Location of Well                           |                            |                   | -                    |   | 10. Field and Pa    |                      |          |
| o 1650 East 660                               |                            |                   |                      |   | Blinebry & Drinkard |                      |          |
| UNIT LETTER                                   | PEET FROM                  | 186               | CIRC ARD             | - PEET PROM                                   | THITTE              | TITTITI              | 7        |
| THE South LINE, SECTI                         | . 36                       | 21                | .S                   | 36E   |                     |                      | .\       |
| THE LINE, SECTI                               | 10N TO                     | WHSHIP            | RANGE                | имем.   |                     |                      | 1        |
| mmmm  | 15. Elevati                | on (Show whethe   | DF, RT, GR, etc.)    |   | 12. County          | XIIIIII              | 1        |
|   |                            | 2 GR              |                      |   | Lea                 |                      | '        |
|   |                            |                   |                      | D 0   | J                   |                      |          |
| Check   | Appropriate Box            | lo indicate       | Nature of Notic      | _   |                     |                      |          |
| NOTICE OF I                                   | NTENTION TO:               |                   |                      | SUBSEQUEN                                     | T REPORT OF         | :                    |          |
|   |                            | <del></del> -     |                      | $\overline{}$                                 |                     | (~                   | _        |
| PERFORM REMEDIAL WORK                         | PLUG A                     | NO ABANDON        | ' <b>I</b>           | 片   |                     | RING CASING          | 닉        |
| TEMPORARILY ABAHDON                           |                            | <b></b>           | COMMENCE DRILL       | , <u>, , , , , , , , , , , , , , , , , , </u> | FLUE.               | THE VERNOORMENT      | J        |
| PULL OR ALTER CASING                          | CHANG                      | E PLANS           | CASING TEST AND      | CEMENT JOB                                    | lan Drinkard        | Formation C          | <u> </u> |
|   | •                          |                   | OTHER Temp           | orarriy Aband                                 | IOII DITIIKALU      | Formation X          | X        |
| OTHER   |                            |                   |                      | •   |                     |                      |          |
| 17. Describe Proposed or Completed O          |                            | all pertinent de  | tails and sive pesti | inent dates including                         | estimated date of   | starting any propose |          |
| work) SEE RULE 1603.                          | perations (cicary since    | dis personem de   |                      |   | •••••••             |                      | _        |
|   |                            |                   |                      |   |                     | •                    |          |
|   |                            |                   |                      |   |                     |                      |          |
| Temporarily aba                               | andoned Drinkar            | d formation       | n by setting         | permanent BF                                  | ' @ 6025'.          |                      |          |
| Acidized Bline                                |                            |                   |                      | gals Gypsol,                                  | , followed          |                      |          |
| by 3000 gals 1                                | 5% NEFE w/scale            | inhibitor         | •                    |   |                     |                      |          |
|   |                            |                   |                      |   |                     |                      |          |
|   |                            |                   |                      |   |                     | •                    |          |
|   |                            |                   |                      |   |                     | •                    |          |
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|   |                            |                   |                      |   |                     |                      |          |
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| •   |                            |                   |                      |   | ₹                   |                      |          |
|   |                            |                   | •                    | •   |                     |                      |          |
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|   |                            |                   |                      |   |                     | •                    | •        |
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|   |                            |                   |                      | •   | -                   |                      |          |
|   | _                          |                   |                      |   |                     |                      |          |
| 18. I hereby certify that the information     | n above is true and com    | plete to the best | of my knowledge an   | d belief.                                     | - · · <del></del>   | <del></del>          | _        |
|   | <b>a</b>                   |                   | •                    |   |                     |                      |          |
| (Brinds) 4                                    | ?. Skitt                   | TITLE]            | Production Ar        | nalyst  | DATE 12/            | 11/84                |          |
| FIGHED  |                            |                   |                      |   |                     |                      | =        |
| ORIGINAL SIGNED B                             | IV IEBBU BALLET            |                   |                      |   |                     | a see a              |          |
| DISTRICT I SI                                 | IDEBNICAD                  | 7171 2            |                      |   | our DE              | an 1 3 1984          | ,        |