N', OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION				Form C-103		
DISTRIBUTION						Supersedes Old C-102 and C-103		
SANTA FE						-65		
FILE				<u></u>			 ,	
U.S.G.5.				5	5a. Indicate Type		,	
LAND OFFICE					State	Fee X		
OPERATOR					5. State Oil & Go	is 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 PROFOSALS.)								
1. OIL X GAS WELL X WELL	OTHER-				7. Unut Agreemer			
2. Name of Operator Hanson Oil Corporation					8, Form or Lease Name Max Gutman			
P.O. Box 1515, Roswell, New Mexico 88201					9. Well No. #3			
4. Location of Well					16. Field and Pool, or Wildcat			
UNIT LETTER M 660 FEET FROM THE SOUTH LINE AND 660 FEET FROM					Wildcat			
THE WEST LINE, SECTION 19 TOWNSHIP 22S RANGE 38E NMPM.								
THE LINE, SECTION TOWNSHIP HANGE NAMED				NMPM.			\mathbb{N}	
15. Elevation (Show whether DF, RT, GR, etc.) 3340 GR					12. County Lea			
16.	Check Approprie	ote Boy To Indicate N	Nature of Notice, Repo	000 00 Otho	- Dará		لک	
	E OF INTENTIO				REPORT OF:	:		
		21.116.412.454.120	DENIED IN LINES			Г		
PERFORM REMEDIAL WORK TEMPORARILY ABANDON COMMENCE DRILLING OPNS.					ALTERING CASING PLUG AND ABANDONMENT			
PULL OR ALTER CASING		CHANGE PLANS	CASING TEST AND CEMENT JO	7-4	PCUG .	AND ABANDONMENT		
TOTAL ON ACTION CASTING			OTHER			r	一.	
OTHER								
17. Describe Proposed or Com work) SEE RULE 1603.	pleted Operations (C	learly state all pertinent des	ails, and give pertinent dates	s, including e	stimuted date of	starting any propos	ed	
•								
Set 10	epth of 76	7'. Mixed and surface, cut	pple and pin co pumped 100' co off well head,	ement p	lug @ 76	7-6671.		
						•		
18. I hereby certify that the in	formation above is to	ue and complete to the best	of my knowledge and belief.					
SIGNED League & Russel TITLE Vice President/Management					n t _{DATE}	6-4-76		
Reaga//S. S	weet					- 920		
9								
APPROVED BY		TITLE		r derme communication of the same	DATE			

CONDITIONS OF AFPROVAL, IF ANY: