NO. OF COPIES RECEIVE	0		-		Form C-1	03 -	
DISTRIBUTION	BUTION			Supersedes Old			
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION				C-102 and C-103 Effective 1-1-65		
FILE							
U.S.G.S.					5a. Indicate 7	Type of Lease	
LAND OFFICE					State	Fee X	
OPERATOR					5. State Oil 6	Gas Lease No.	
-							
SUNDRY NOTICES AND REPORTS ON WELLS (GO NOT USE THIS FIRM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)							
	GAE WE L	OTHER-			7. Unit Agree	ment Name	
2. Name of Operator Hanson Oil Conveyation						8. Farm or Lease Name	
Hanson Oil Corporation 3. Address of Operator						Max Gutman	
Box 1515, Roswell, New Mexico 88201						#6	
4. Location of Well						10. Field and Pool, or Wildcat	
UNIT LETTER K 1650 FEET FROM THE SOUTH LINE AND 1650 FEET FROM						Wantz	
THE West	INI , SEC	TION 19	TOWNSHIP 22-	S RANGE 38-E	NMPM.		
mmmm	77,77,77	1111111	Elevation (Show whether	DF. RT. GR. etc.)	12. County	~~}} }}}	
			3346.7 G.L.	bi, kii, ok, ekc.y			
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data							
NC		NTENTION			if Other Data UENT REPORT C)F:	
	гл		f	م	_		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK					J AL	ALTERING CASING	
TEMPORARILY ABANDON	F =			COMMENCE DRILLING OPNS.	¬	UG AND ABANDONMENT	
PULL OR ALTER CASING	LJ		CHANGE PLANS	CASING TEST AND CEMENT JOB	_	·	
OTHER				OTHER			
17 Describe Proposed o	- C - To atad	Operations (Class	ale state all postings las		1 1.		
work) SEE RULE 11	os.	Operations (Crea	riy state all pertinent deto	ils, and give pertinent dates, incl	luding estimated date	of starting any proposed	
12-17-73 Moved	d n rig	and spudd	ed @ 6:00 P.M.				
12-19-73 Comor	+ 117	721 of 0 E/	OH OAH anaina	/0°0 -	4 00/ 4		
200 S	sx t. F 's Nipp	i, 2% gel,	2% Calc. Chl. (/250 sx. Cl. H., 4% c Circ.) Plug down @ & ng to 800 P.S.I. Dri	8:00 P.M., W.	0.0.	
and 3	3/1% CFR	R-2. Plug	2" 17# casing w down @ 10:10 P.1 ond Log 4174'.	/650 sx. Cl. C., posm M. waited 14 hrs. tes	mix w/6# salt sted casing t	per sx. o 1000 PSI.	
18. I hereby certify that t	he informati	on above is true	and complete to the best o	f my knowledge and belief.			
M	1.	10					
SIGNED FALL	22/H	la	TITLE Vice	e President-Production	on DATE	2-8-74	
			72.23		2015		
APPROVED BY			TITLE		DATE		

CONDITIONS OF APPROVAL, FANY: