

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-28845
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name Max Gutman
8. Well No. 9
9. Pool name or Wildcat Blinebry/Drinkard

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Hanson Operating Company, Inc.	
3. Address of Operator P. O. Box 1515, Roswell, New Mexico 88202-1515	
4. Well Location Unit Letter <u>K</u> : <u>1980'</u> Feet From The <u>South</u> Line and <u>1980'</u> Feet From The <u>West</u> Line Section <u>19</u> Township <u>22S</u> Range <u>38E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3352.4' GR</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Perforate Upper Blinebry</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. 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.

Perforate Upper Blinebry formation in the following interval (5500-5552') and stimulate as necessary.

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

SIGNATURE Lisa L. Jennings TITLE Production Analyst DATE 07-13-90

TYPE OR PRINT NAME Lisa L. Jennings TELEPHONE NO. 622-7330

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE STATE ENGINEER DATE JUL 10 1990

CONDITIONS OF APPROVAL, IF ANY: