

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
N/A	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator	N/A
HANSON OPERATING COMPANY, INC.	8. Farm or Lease Name
3. Address of Operator	MAX GUTMAN
P. O. BOX #1515, ROSWELL, NEW MEXICO 88202-1515	9. Well No.
4. Location of Well	9
UNIT LETTER <u>K</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM	10. Field and Pool, or Wildcat
THE <u>West</u> LINE, SECTION <u>19</u> TOWNSHIP <u>22S</u> RANGE <u>38E</u> NMPM.	Wantz Granite Wash
15. Elevation (Show whether: DF, RT, GR, etc.)	12. County
3352.4' GR	Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Perforate & acidize ☒ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Perf well @ 7376', 78', 80', 82', 87', 89', 95', 99', 7406', 08' 10', 12', 14', 22' & 24' -
15 holes. Acidized w/5000 gals 15% acid.

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

SIGNED Brenda R. Witt TITLE Production Analyst DATE 12/17/84ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISORAPPROVED BY _____ TITLE _____ DATE DEC 19 1984

CONDITIONS OF APPROVAL, IF ANY: