

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State ☐ Fee ☒

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name N/A
2. Name of Operator HANSON OPERATING COMPANY, INC.	8. Farm or Lease Name MAX GUTMAN
3. Address of Operator P. O. BOX #1515, ROSWELL, N. M. 88202-1515	9. Well No. #9
4. Location of Well 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.	10. Field and Pool, or Wildcat WANTZ GRANITE WASH
15. Elevation (Show whether DF, RT, GR, etc.) 3352.4' GR	12. County LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

10/03/84 Spud @ 8:00 a.m., 10/02/84.

10/04/84 Ran 8 jts 13-3/8" 86# K55 ST&C csg. Set csg @ 354'.
Cem w/375 sx Class "C" cem w/2% CaCl₂. Circ out 75 sx cem.
Plugged dn @ 5:00 p.m. Press tstd - no press decrease.

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 10/04/84

APPROVED BY _____ TITLE _____ DATE OCT - 9 1984

CONDITIONS OF APPROVAL, IF ANY: