

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410**CONSERVATION DIVISIO.**
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-31745
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Max Gutman
8. Well No. #11
9. Pool name or Wildcat Wantz Granite Wash
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3316.1' GR

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator Hanson Operating Company, Inc.
3. Address of Operator Post Office Box 1515 Roswell, New Mexico 88202-1515	4. Well Location Unit Letter C : 990 Feet From The North Line and 1650 Feet From The West Line Section 19 Township 22S Range 38E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3316.1' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

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.

Spud 4:45 pm 12-31-92

Ran & cem 9 jts 13 3/8 54.5# ST&C J-55 csg. Cem w/350 sx of Premium Plus.

Plug dn @ 10:00 am 1-1-93. Press to 600#. Release. Held ok. Circ 25sx to pit. WOC 18 hrs.

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 1-4-93
TYPE OR PRINT NAME Lisa L. Jennings TELEPHONE NO. 622-7330

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JAN - 6 1993