

UNITED STATES  
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRI-DATE\*  
(Other Instructions on re-  
verse side)

Budget Bureau No. 1000  
Expires August 31, 1989

BUREAU OF LAND MANAGEMENT RECEIVED

NOTICE AND REPORTS ON WELLS

1. This form is to be used for proposals to drill or to deepen or plug back to a different reservoir.  
Use APPLICATION FOR PERMIT for such proposals.

OCT 13 11 25 AM '90

OCT - 4 PM 8 41

ADVISORY OFFICE

WATER DIVISION

WATER DIVISION

5. LEASE DESIGNATION AND SERIAL NO.

NMNM01917

6. IF INDIAN ALLOTTEE OR TRUST NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gulf Hanagan *fed*

9. WELL NO.

10. FIELD AND POOL OR WILDCAT

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

11 & 12-24S-32E

12. COUNTY OR PARISH 13. STATE

See 17 below

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Change of Operator

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Change operator from Leoh Management Co. to Royalty Holding Co.  
effective 9/1/89.

Gulf Hanagan #1  
Gulf Hanagan #2  
Hanagan "D" Federal #2

SE SE Section 11  
SW SE Section 11  
NW SE Section 12

RECEIVED  
OCT 13 1990  
WATER DIVISION

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side