

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

L.C. 032604-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Hanson Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1515, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface2310' FSL & 330' FWL
Sec. 29, T-26-S, R-37-E, N.M.P.M.
Lea County, New Mexico

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CSA Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Scarborough Yates

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

Sec. 29 - 26S - 37E

12. COUNTY OR PARISH

Lea

13. STATE

N. M.

14. PERMIT NO.

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

2939.6' GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other) Perform remedial work

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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.)*

It is proposed to perforate the Yates Formation at 3018-3037' and 3057-3070' and stimulate limited entry as indicated thru 3-1/2" tubing, between straddle packers.

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

SIGNED

TITLE

Manager

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

APR 15 1969

ARTHUR R. BROWN

DISTRICT ENGINEER

NOTED

DATE

4-14-69

APR 15 1969