

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on re-
verse side)

5. LEASE DESIGNATION AND SERIAL NO.

NM 23199

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilson 21 Federal

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT Und.

Comanche Stateline Yates

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

Sec. 31, T26S, R36E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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 Dry Hole

2. NAME OF OPERATOR
HNG Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 2267, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990' FWL & 1700' FNL of Sec. 21

14. PERMIT NO.

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

2934' GR

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

SUBSEQUENT REPORT OF: 1/15/80

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(Other)
(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.)*

1-15-80 - Set retainer at 1302' w/20 sx. cement on top. Cal. top at 1236'.
Set 10 sx. Cl H from 30' to surface.
Dry hole marker installed.

RECEIVED

FEB 3 1980

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED Betty A. Gildon
Betty A. Gildon
(This space for Federal or State office use)

TITLE Regulatory Clerk

DATE 2-7-80

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____