JIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| OPERATOR | |

5a. Indicate Type of Lease

State ☐    Fee XX

5. State Oil & Gas Lease No.

## 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.)

RECEIVED

7. Unit Agreement Name

1.
OIL WELL XX    GAS WELL ☐    OTHER-

2. Name of Operator
HNG OIL COMPANY

NOV 3 0 1981

8. Farm or Lease Name
Kelly 5

3. Address of Operator
P. O. Box 2267, Midland, Texas 79702

O. C. D.
ARTESIA, OFFICE

9. Well No.
1

4. Location of Well

UNIT LETTER F , 1650 FEET FROM THE North LINE AND 1650 FEET FROM

THE West LINE, SECTION 5 TOWNSHIP 23S RANGE 28E NMPM.

10. Field and Pool, or Wildcat
Herradura Bend Delaware

15. Elevation (Show whether DF, RT, GR, etc.)
3091' GR

12. County
Eddy

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:  7/23/81

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER _____ ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER _____

ALTERING CASING ☐
PLUG AND ABANDONMENT XX

☐

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.

11/24/81 - Set a cement retainer at 2382' and squeezed the Delaware perfs (2462' - 2478')
with 50 sacks Cl H cement. Left 1/2 bbl cement on top of retainer.

Spot 25 sacks Cl H at 523'

Spot 15 sacks Cl H from 90' to surface.

Cut off head and welded on plate and dry-hole marker.

No casing was recovered from this well.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Betty Gildon    TITLE Regulatory Analyst    DATE 11/25/81

APPROVED BY _____    TITLE _____    DATE _____

CONDITIONS OF APPROVAL, IF ANY: