

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
V-380

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- _____	7. Unit Agreement Name
2. Name of Operator HNG OIL COMPANY	8. Farm or Lease Name San Simon 19 State
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>J</u> _____ 1980 FEET FROM THE <u>South</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>19</u> TOWNSHIP <u>21S</u> RANGE <u>35E</u> NMPM.	10. Field and Pool, or Wildcat Und. Osudo Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3659.4' GR	12. County Lea

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF: 2/22/82
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER _____ <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	OTHER _____ <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	

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.

3/8/82 - Set 4-1/2" Liner at 12,800 feet (13.5# N-80). TOL: 10,567 feet.
Cemented w/357 sx. Cl H, .2% TF-4, .2%WR-2. Pressure tested to 2000#. WOC - 18-1/4 hours.

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 4/6/82

APPROVED BY _____ TITLE _____ DATE APR 9 1982

CONDITIONS OF APPROVAL, IF ANY: