

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ **AUG 18 1980**

2. NAME OF OPERATOR **HILLIN PRODUCTION COMPANY** **O. C. D.**

3. ADDRESS OF OPERATOR **P.O. BOX 152, ODESSA, TEXAS 79760** **ARTESIA OFFICE**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface **800' FSL and 2000' FEL**

5. LEASE DESIGNATION AND SERIAL NO.
NM 0473362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
DWU

9. WELL NO.
#4

10. FIELD AND POOL, OR WILDCAT
WINCHESTER WOLFCAMP

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
**Unit 0, Sec. 34
T-19-S, R-28-E**

12. COUNTY OR PARISH
EDDY

13. STATE
NEW MEXICO

14. PERMIT NO.
per letter dated 11/26/79

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3298.0 GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <u>Temp. abandon Morrow</u> <input checked="" type="checkbox"/>	
(Other) DUAL TO SINGLE COMPLETION		(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.) *

Completed operation as of 8-12-80. Due to ruling of Oil Conservation Commission denying dual completion application as proposed by Hillin Production Company, and since well will not produce as proposed by commission, we are installing a 1.87" Blanking plug in On-Off tool above Morrow formation @ 10,954' on top of Baker Loc-Set packer. Sliding sleeve will be opened at 9,513' and Wolfcamp zone to be produced through tubing as single completion.

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

SIGNED *Devin H. Kinn* TITLE Production Secretary DATE August 12, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: