| CONDITIONS OF   |   |  |   |   |
|---|---|--|---|---|
| 1   | SEP 4 1981<br>APPROVAL, IF ANY:                                       | TITLE                                    |   | DATE  |
|   | WRCS ICIAN PALAN<br>ederal or State office use)                       | TITLE <u>R</u>                           | egulatory Clerk   | DATE7/1/81  |
| 18. I hereby certify t  | hat the foregoing is true and correct                                 |  |   | DATE 9/1/81   |
|   |   |  |   |   |
|   |   |  | \$  |   |
|   |   |  | <u>ې</u> ۲  | n Herrich († 1997)<br>1970 - North († 1997)<br>1970 - Arrigan († 1997)  |
| Pres  | sure tested to 1000 ps  | i. WOC - 4                               | 45-1/2 hours.   |   |
|   | Ran 1" to 250'<br>Circulated 45 s                                     | cemented vacks.                          | v/250 sx C1 C w/2                                       | -1 Cal Seal.  |
| •   | Ran 1" to 1049'<br>Ran 1" to 900'                                     | cemented v                               | √500 sx C1 C w/2  | -1 Cal Seal.  |
| 14.8  | ppg. Ran 1" to 2065'  | cemented v                               | 7/500 sx C1 C   | -<br>-  |
| 261.0   | 1 0_5/8" /O# K-55 ST&C  | . Cemented                               | W/ZUUU SX HLW W   | /3#/sx. <b>G##</b> Sonite 1/2#/sx.<br>/4#/sx Flocele mixed at   |
|   | 2714! of 9-5/8" & 10-3  | /4". 74 <sup>1</sup> c                   | of 10-3/4" 65.7#/                                       | ft. S-95 ST&C &   |
| /-2/-81 - <u>Set</u><br>Cir   | <u>481 feet of 16</u> 65# H<br>culated 85 sacks. Pre                  | ssure teste                              | ed to 600 PSI. W  | 0C - 30 - 1/2 hours.  |
| -   | <u>481 feet of 16"</u> 65# H  | -ለብ ይሞልሮ                                 | Cemented $w/500$ s                                      | x. Cl C w/2% CaCl.  |
| 7-26-81 - Spu   |   |  |   |   |
| 17. DESCRIBE PROPOSED<br>proposed work.<br>nent to this work.                                     | II well is unectionally dimedi and                                    | tate all pertinent<br>subsurface locatio | details, and give pertinent<br>ns and measured and true | dates, including estimated date of startin<br>vertical depths for all markers and zones                                 |
| (Other)   |   |  | Completion or Re  | esults of multiple completion on Well<br>completion Report and Log form.)<br>dares, including estimated date of startin |
| SHOOT OR ACIDIZE  | ABANDON*<br>CHANGE PLANS  |  | SHOOTING ON ACIDIZING<br>(Other) Casing to              | est & cement job. XX  |
| TEST WATER SHOT   | MULTIPLE COMPLET  |  | FRACTURE TREATMENT                                      | ALTERING CASING   |
| TEST WATER SHUT   |   |  | WATER SHUT-OFF  | REPAIRING WELL  |
| 16.   | Check Appropriate Box 7<br>NOTICE OF INTENTION TO:                    | o indicate Nat                           |   | UBSEQUENT REPORT OF: 5/19/81  |
|   | 3407' GF  |  | ture of Nation Report                                   | [IIddy ]  |
| 14. PERMIT NO.  |   | Show whether DF. R                       | r, gr, etc.)  | 12. COUNTY OF PARISH 13. STATE<br>Eddy NM   |
| 4720' FSL & 16  | 550' FEL, Sec. 1, T21S,   | R28E                                     |   | Sec. 1, T21S, R28E  |
| At surface  |   |  |   | 11. SEC., T., E., M., OE BLK. AND<br>SURVEY OR AREA   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.) |   |  | ate requirements.♥                                      | Wildcat Morrow  |
| P 0 Box 2267  | . Midland, Texas 79702  |  |   | 10. FIELD AND POOL, OB WILDCAT  |
| HNG OIL COMPAN<br>3. ADDRESS OF OPERATO   |   |  | <u> </u>  | Golden Lane 1 Federa<br>9. WELL NO.   |
| WELL WELL<br>2. NAME OF OPERATOR  | / UIRER   |  | <u> </u>  | 8. FABM OR LEASE NAME   |
| 1.<br>OIL GAS   | X OTHER   |  |   |   |
| (Do not use this  | s form for proposals to drill or to de<br>Use "APPLICATION FOR PERMIT | anan or nlue hack                        | to a different reservoir.                               | 7. UNIT AGREEMENT NAME  |
| SUN   | IDRY NOTICES AND R  | EPORTS ON                                | 1 WELLS   | 6. IF INDIAN, ALLOTTEE OR TRIDE A   |
|   | GEOLOGICAL S  |  |   | NM 26880  |
| (May 1963)  | DEPARTMENT OF TH  |  | (Other instructions on verse side)                      | 5. LEASE DESIGNATION AND SERIAL   |
| Form 9-331  | Artes UNITED STA  | 1ES =                                    | SUBMIT IN TRIPLICA                                      | TE* Form approved.<br>Budget Bureau No. 42-R  |