

NM 38627

45F

RECEIVED BY

GEOLOGICAL SURVEY

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 ☐

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

660' FNL & 2285' FWL, Section 30

14. PERMIT NO.

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

3587.5' GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McKittrick 30 Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Happy Valley Morrow

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

Sec. 30, T22S, R26E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) PB within Morrow

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)☐
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REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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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.)*

Propose to squeeze existing perforations 11,334 to 11,554 feet by pumping cement down tubing and displacing to 11,300'±. Will perforate Morrow Clastics 11,276 to 11,286 feet.

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

SIGNED

Betty Sildon

TITLE Regulatory Analyst

DATE 12/11/84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

12-14-84

*See Instructions on Reverse Side