	ERIOR verse side)	Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SEBIAL N"
BUREAU OF LAND MANAGEM SUNDRY NOTICES AND REPORT (Do not use this form for proposals to drill or to deepen or p Use "APPLICATION FOR PERMIT" for so	Artesia, IM CONT	MM-25345-A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1.		7. UNIT AGREEMENT NAME
OIL GAS OTHER Dry Hole	AUG 21 1986	8. FARM OR LEASE NAME
HING-OIL COMPANY COMPANY COMPANY	J. V. O. C. D.	Canon Champlin 31 Federal
3. ADDRESS OF OPERATOR 13140 CONT Rd, St SOS	ARTESIA, OFFICE	9. WBLL NO.
P. O. Box 2267, Midland, Texas 79702 4. LOCATION OF WELL (Report location clearly and in accordance with	any State requirements.*	10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface		Wildcat Bone Springs
660' FSL & 700' FWL, Sec. 31.		11. SHC., T., B., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO. 15. ELEVATIONS (Show wheth	her DE RT CR etc.)	Sec. 31, T21S, R25E 12. COUNTY OB PARISH 13. STATE
3666' GR	<i>iei be, ni, ok, ca.,</i>	Eddy NM
16. Check Appropriate Box To Indica	Notice Peret	
NOTICE OF INTENTION TO:		SEQUENT REPORT OF: 9/26/85
TEST WATER SHUT-OFF PULL OR ALTER CASING PULL OR ALTER CASING PRACTURE TREAT MULTIPLE COMPLETE	WATER SHUT-OFF Fracture treatment	ALTERING CASING
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT <sup>®</sup> X
REPAIR WELL CHANGE PLANS	(Other)	sults of multiple completion on Well
(Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all per	Completion or Rec	ompletion Report and Log form.)
proposed work. If well is directionally drilled, give subsurface nent to this work.) •	locations and measured and true ve	rtical depths for all markers and zones perti-
11/22/85 - Set CIBP at 200' and dumped	35' cement on top.	
Spot 20 sacks Class H at 154	43' (wt 15.6 ppg)	
Perforated 4 holes at 260' -	- pumped 40 sx Class H	cement, disp to 144'.
Circ 15 sacks Class C 60 fee		
Cut off wellhead & welded or	n plate and dry-hole m	arker.
Well P&A 3:00 pm 11-22-85.		
18. I hereby critify that the foregoing is true and correct		
	Regulatory Analyst	DATE12/3/85
(This space for Federal or State office use)		E Cilia
APPROVED BYARCT Manager TITLE . CONDITIONS OF APPROVAL, IF ANY :		DATE 8-1586
	tions on Reverse Side	



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