|   |  |   |  | ( song &   | 11-                     |
|---|--|---|--|--|-------------------------|
| Form 9-331<br>(May 1963)  | TED STATES SUBMIT IN TO ICATE ON THE INTERIOR (Other Instruct on re- |   |  | Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. |                         |
|   |  | CEC AND DEPORTS (   | ON WELLS   | NM-0353184<br>6. IF INDIAN, ALLOTTEE C   |                         |
|   |  | CES AND REPORTS ( als to drill or to deepen or plug b TION FOR PERMIT—" for such pr |  |  |                         |
| OIL GA  | S X OTHER  |   |  | 7. UNIT AGREEMENT NAM  | E                       |
| 2. NAME OF OPERAT   |  |   | R. F.  | 8. FARM OR LEASE NAME  |                         |
| HNG OIL COMPANY / 1973 3. ADDRESS OF OPERATOR   |  |   |  | Bowden Federal "25" 9. WELL NO.  |                         |
| P. O. Box   | 767, Midland   | L   |  |  |                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) |  |   |  | 10. FIELD AND POOL, OR WILDCAT   |                         |
| 1980' FSL & 660' FEL, Sec. 25, T-24-S, R-26-E   |  |   |  | Crawford Morrow  11. SEC., T., R., M., OR BLK. AND SURVEY OR ARBA              |                         |
|   |  | •   |  | Sec. 25, T-24S<br>N.M.P.M.   |                         |
| 14. PERMIT NO.  |  | 15. ELEVATIONS (Show whether DF   | , RT, GR, etc.)  |  | 13. STATE               |
|   |  | 3362' FR  |  | Eddy   | New Mexico              |
| 16.   | Check Ap   | propriate Box To Indicate N   | lature of Notice, Report, or C   | Other Data   |                         |
|   | NOTICE OF INTENT   | MON TO:   | SUBSEQ   | UENT REPORT OF:  |                         |
| TEST WATER SE   | EUT-OFF P  | CULL OR ALTER CASING  | WATER SHUT-OFF   | REPAIRING WE   | LL                      |
| FRACTURE TREA   |  | IULTIPLE COMPLETE   | FRACTURE TREATMENT   | ALTERING CAS   | 11                      |
| SHOOT OR ACIDI  | ļ——  | BANDON*   | SHOOTING OR ACIDIZING (Other) Set Interm   |  | $\overline{\mathbf{x}}$ |
| REPAIR WELL (Other)   | <u></u>  | HANGE PLANS   |  | s of multiple completion on<br>eletion Report and Log form                     | Well                    |
| 17 DESCRIBE PROPOS  | k. If well is direction  | RATIONS (Clearly state all pertinen nally drilled, give subsurface local            | t details, and give pertinent dates, tions and measured and true vertice                 | , including estimated date   | of starting any         |
| Drilled 12<br>Cemented w<br>Circulated  | -1/4" hole to<br>ith 425 Sx. T<br>an estimated                       | LW cement & 300 Sx. 35 sks. to surface.   | of 10-3/4", 40.5#,<br>Class C. Plug down (<br>WOC 6 hours. Test<br>Cementing work done b | @ 10"20 P.M. 3-1 ed casing with  |                         |
|   |  |   |  |  |                         |
|   |  |   |  | i i<br>ma  |                         |
|   |  |   |  |  |                         |
|   |  |   |  | 1940 - 1940<br>1940 - 1940<br>1940 - 1940                                      |                         |

