NMULL LUP Form 9-331 (May 1963) UN'TED STATES BMIT IN TRIPL TE* Budget Buweau No. 42 R1424. DEPARTME: OF THE INTERIOR (Other Instructions verse side) 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY NM-9551 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) CEIVED 7. UNIT AGREEMENT NAME WELL GAS WELL $\Box \mathbf{x}$ OTHER 2. NAME OF OPERATOR AUG 1 5 1977 8. FARM OR LEASE NAME HNG Oil Company El Paso 3. ADDRESS OF OPERATOR 9. WELL NO. o. c. c. 797 CATESIA, OFFICE P.O. Box 2267 Midland, Texas 1 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT Wildcat (Morrow) 19801 FNL & 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 904 FWL Sec. 29, T245, R 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) Approved 3-25-77 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PULL OR ALTER CASING REPAIRING WELL TEST WATER SHUT-OFF WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOTING OR ACIDIZING SHOOT OR ACIDIZE ABANDON ABANDONMENT* (Other) Change Plans REPAIR WELL CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all'pertinent details, and give pertinent dates, including estimated date of startlug 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.) * Spudded well @12:15 a.m. 7-24-77 RECEIVED AUG 3 1977 U.S. GEOLOGICAL SUTVEY ARTESIA, ILEN MEXICO

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

SIGNEDICIAL LOCAL Ouida Roach PITLE Production Clerk DATE 7/27/77

(This space for Federal or State office use)

APPROVED BY ______ TITLE ______ DATE ______

*See Instructions on Reverse Side

DISTRICT ENGINEER