

## NEW MEXICO OIL CONSERVATION COMMISSION

C-102 and C-103  
Effective 1-1-65

C/CF

T	FE	1	
E		1	✓
S.G.S.			
LAND OFFICE			
OPERATOR			

DEC 8 1980

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fed <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

## 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 -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	7. Unit Agreement Name
Name of Operator			8. Farm or Lease Name
HNG Oil Company ✓			Woods 9 Com.
Address of Operator			9. Well No.
P.O. Box 2267, Midland, Texas 79702			2
Location of Well			10. Field and Pool, or Willcat
UNIT LETTER B 990 FEET FROM THE North LINE AND 1980 FEET FROM			West Malaga Atoka
THE East LINE, SECTION 9 TOWNSHIP 24S RANGE 28E NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
2997' GR			Eddy

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF: 10/8/80

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>		COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER recompletion in Atoka	

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10-3-80 - perforated Atoka 11,278' - 11,379' (10.39")

10-5-80 - Well flowed 2300 MCF in 24 hours, no Condensate, and recovered 6 barrels of water.

Well will be acidized within the next few days at which time Form C-105 (Recompletion Report) will be filed followed by Form C-122 (Multipoint Back pressure test for Gas Well).

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Betty A. Gildon TITLE Regulatory Clerk DATE 12-4-80

APPROVED BY W. A. Gressitt TITLE SUPERVISOR, DISTRICT II DATE DEC 8 1980

CONDITIONS OF APPROVAL, IF ANY: