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NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

APR 11 1979

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG-3006	

SUNDRY NOTICES AND REPORTS ON WELLS **O. C. C.**
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A PRESENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator HNG Oil Company 3. Address of Operator P.O. Box 2267, Midland, Texas 79702 4. Location of Well UNIT LETTER <u>C</u> , <u>1980</u> FEET FROM THE <u>West</u> LINE AND <u>957</u> FEET FROM THE <u>North</u> LINE, SECTION <u>10</u> TOWNSHIP <u>24S</u> RANGE <u>25E</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4039' GR	7. Unit Agreement Name 8. Farm or Lease Name <u>South Horseshoe Bend 10 Com.</u> 9. Well No. 1 10. Field and Pool, or Wildcat Wildcat Morrow 12. County Eddy
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

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"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

12-2-78 Set 2415' 4-1/2" Liner 13.5# N-80 LT&C.
Cemented w/325 sx Cl H 50-50 poz mixed at
14.1 ppg. Top of liner at 9575'-Bottom of
liner at 11,990'. Pressure tested to 1000#.
WOC 31-1/4 hrs.

18. 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 4-10-79

APPROVED BY W. C. Gressett TITLE SUPERVISOR, DISTRICT II DATE APR 17 1979

CONDITIONS OF APPROVAL, IF ANY: