. C COPIES RECEIVED 7	<u> </u>			Form C-103 Supersedes Old	
TRIBUTION				C-102 and C-103	
_ T.FE	NEW MEXICO OIL CONS	ERVATION COMMISSION		Effective 1-1-65	
FLE	7		5.32	<u> </u>	
U.S.G.S.		4 2 2	1973 S	. Indicate Type of Leas	اللسا
LAND OFFICE				State X	Fee.
OPERATOR		* .	5.	State Oil & Gas Lease	No.
		.17.29 (8	গ্রিগতার 🛴	L-6423	~~~~
SUN	DRY NOTICES AND REPORTS ON	WELLS			
IDO NOT USE THIS FORM FOR	PROPOSALS TO DRILL OR TO DEEPEN OR PLUG I ICATION FOR PERMIT - " (FORM C-101) FOR SUC	BACK TO A DIFFERENT RESERVOIR.			7777777
1.			7.	Unit Agreement Name	
OIL GAS WELL X	9THER+				200
2. Name of Operator				Form of Lease Name	Com
HNG Oil Company				Brantley 13 S	state
3. Address of Operator			9	Well No.	198
P.O. Box 2267, Midland, Texas 79702				1	
4. Location of Well				C. Field and Pool, or Wi	
UNIT LETTER N . 660 FEET FROM THE SOUTH LINE AND 2310 FEET FROM				ildcat (Morre	ow)
UNIT LETTER	TEET PROM THE				
THE West LINE, SECTION 13 TOWNSHIP 24S RANGE 27E NMPM.					
THE WEST LINE, S	ECTION TOWNSHIP	HANGE			
mmmmm	15. Elevation (Show whether	DF, RT, GR, etc.)	1	2. County	
	3127' GR]	Eddy	
16.	ck Appropriate Box To Indicate	Nature of Notice Report	t or Other	- Data	
				EPORT OF:	نغ
NOTICE	F INTENTION TO:	30030		(2. 0	
		REMEDIAL WORK		ALTERING CASI	ING T
PERFORM REMEDIAL WORK	PLUG AND ABANDON	COMMENCE DRILLING OPNS.	H	PLUG AND ABAN	77
TEMPORARILY ABANDON		CASING TEST AND CEMENT JOB			·········
PULL OR ALTER CASING	CHANGE PLANS		Λ		
	_	OTHER			12
OTHER				·	
17 Describe Proposed or Complet	ed Operations (Clearly state all pertinent de	tails, and give pertinent dates,	including es	timated date of starting	any proposed
work) SEE RULE 1 103.					-
					1 - 1
10-8-79 Se	t 2339 feet of 9-5/8".	743' 36 <i>‡</i> K-55	ST&C a	nd 1596' -	
36	# K-55 LT&C Cemented	.w/1350 sx HLW W	7/ 1/ 4非/	sx riocere	<i></i>
an	d 2% CaCl mixed at 12.	7 ppg and 400 sx	: C1C 2	% CaCL mixed	
o +-	-14 Appa Circ 168 s	acks			×4.
Pγ	essured tested to 1000	psi. WOC 30-1/	4 hour	S.	
	copared costs = 1	1			•
		•			
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				٠.	
					4.9
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		•			···
		t of my knowledge and helief			
18. I hereby certify that the inform	nation above is true and complete to the bes	f or my knowledge and better.			Section 1 and 1
Day Vin		aulatory Clerk		10-26-	- 79
SIGN O City a. No Mon	Betty A. Gildon TITLE RE	Buracory office		DATE	
				ALOV 0 1	1070
21 10 1	hissett Title	SUPERVISOR, DISTRIC	T II	NOV 2 1	13/3
1.0 U. Z	DESSIT TITLE	·		DATE	

CONDITIONS OF APPROVAL, IF ANY: