C. TRIBUTION	R	ECEIVE	Form C-103 Supersedes Old C-102 and C-103
T FE //	NEW MEXICO OIL CONS		Effective 1-1-65
F_E   / V	_	NOV 6 1979	<del></del>
u.s.g.s.	_	1101	State X Fee
LAND OFFICE	_	O. C. C.	
OPERATOR		ARTESIA, OFFICE	5. State Oil & Gas Lease No. L-6423
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.)			
i. OIL GAS WELL WELL X	OTHER-		7. Unit Agreement Name
2. Name of Operator HNG Oil Company	<i></i>		Brantley 13 Stat
3. Address of Operator	• • • • • • • • • • • • • • • • • • • •		9. Well No.
P.O. Box 2267, Midland, Texas 79702			10. Field and Pool, or Wildcat
	660 FEET FROM THE South	LINE AND 2310 FEE	Wildcat (Morrow)
	100 TOWNSHIP 24S		NMPM.
mmmmm	15. Elevation (Show whether	DF. RT. GR. etc.)	12. County
	3127 'GR	21, 111, 011, 1111,	Eddy
iô. Check	Appropriate Box To Indicate N	lature of Notice, Report	or Other Data
	INTENTION TO:	SUBSEC	PUENT REPORT OF: 10-26-79
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
	<u> </u>	OTHER	
OTHER			
17. Describe Proposed or Completed ( work) SEE RULE !103.	operations (Clearly state all pertinent deta	zils, and give pertinent dates, inc	cluding estimated date of starting any prope
work) see Role 1103.			
	<i>\$</i>		
10-26-79 Set 181	: 10,210 feet of 7" L' 26# S-95 LT&C, 5135	' 23# S-95 LT&C δ	4894 <b>'</b> 23#
N – 8	30 LT&C		
CFF	nented w/800 sx TLW w/ R-2 mixed at 12.4 ppg	1/4#/sx Flocele & & 500 sx C1H w/3/	4 of 1% CFR-2
mixed at 16.4ppg. Pressured to 1000 psi. WOC 27-1/2 hours			
1 16	.ssarca to tooo psr.		
			-
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~	<b>9</b>		
	,		
18. I hereby certify that the information	on above is true and complete to the best	of my knowledge and belief.	
Betty a. Sildon	Betty A. Gildon	gulatory Clerk	DATE 11-5-79
SIGNED			
/i a Li	ssett 5	UFERVISOR, DISTRICT II	NOV 2 1 1979

CONDITIONS OF APPROVAL, IF ANY: