

(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE:
NM OIL & GAS INSURANCE COMMISSION
versg side)
Drawer DD
Artesia, NM 88210

FORM APP. 1000
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen a well, but use for all other purposes.)
Use "APPLICATION FOR PERMIT—"

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 17224	
2. NAME OF OPERATOR HNG OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with instructions. See also space 17 below.) At surface 1950' FNL & 1980' FEL, Sec. 19		8. FARM OR LEASE NAME Queen Lake 19 Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether depth, etc.) 2956' GR		10. FIELD AND POOL, OR WILDCAT Wildcat Morrow	
12. COUNTY OR PARISH Eddy		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T24S, R29E	
13. STATE NM			

RECEIVED

OCT 28 1982

NOV 2 1982

O.C.D.

ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF: 9-23-82	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) casing test & cement job. <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting 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.)*

10-20-82 - Spud 8:00 p.m.

10-21-82 - Set 530 feet of 13-3/8" H-40, 48#.

Cemented with 300 sx. HLC and 200 Sx. C1 C. Cemented annulus with 310 sx. C1 C from 313' to surface.

Pressure tested to 1500#. WOC - 34 hours.

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

SIGNED

Betty Gildon

TITLE

Regulatory Analyst

DATE

10-27-82

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF

(ORIG. SGD.) DAVID R. GLASS

TITLE

DATE

NOV 1 1982

U.S. GEOLOGICAL SURVEY

ROSWell, NEW MEXICO *See Instructions on Reverse Side