

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
 GEOLOGICAL SURVEY NM OIL CONS. DRAWER DD

Budget Bureau No. 42-R1424.
 5. LEASE DESIGNATION AND SERIAL NO.
 NM 17224 01874
 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS 88210

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
 Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

7. UNIT AGREEMENT NAME
 8. FARM OR LEASE NAME
 Queen Lake 19 Federal
 9. WELL NO.
 1
 10. FIELD AND POOL, OR WILDCAT
 Wildcat Morrow
 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
 Sec. 19, T24S, R29E
 12. COUNTY OR PARISH
 Eddy
 13. STATE
 NM

1. OIL WELL ☐ GAS WELL ☒ OTHER
 2. NAME OF OPERATOR
 HNG OIL COMPANY
 3. ADDRESS OF OPERATOR
 P. O. Box 2267, Midland, Texas 79702
 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
 See also space 17 below.)
 At surface
 1950' FNL & 1980' FEL, Sec. 19
 14. PERMIT NO.
 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
 2956' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
 NOTICE OF INTENTION TO:
 TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
 FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
 SHOOT OR ACIDIZE ☐ ABANDON* ☐
 REPAIR WELL ☐ CHANGE PLANS ☐
 (Other) ☐
 SUBSEQUENT REPORT OF: 11/29/82
 WATER SHUT-OFF ☐ REPAIRING WELL ☐
 FRACTURE TREATMENT ☐ ALTERING CASING ☐
 SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☒
 (Other) Casing test and cement job. (X)
 (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.)

12-21-82 - Set 4-1/2" 13.50# N-80 Liner at 13,500'. TOL at: 10,987'.
 Cemented with 400 sacks Class H. Pressure tested to 1500#. WOC - 30-1/4 hours.

RECEIVED
 JAN 5 1983
 MINERALS MANAGEMENT SERVICE
 ROSWELL, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
 SIGNED Betty Gildan TITLE Regulatory Analyst DATE 1/3/83
 (This space for Federal or State office use)
 APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE _____ DATE _____
 CONDITIONS OF APPROVAL JAN 14 1983
 MINERALS MANAGEMENT SERVICE
 ROSWELL, NEW MEXICO *See Instructions on Reverse Side