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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO

FEB 09 1983

Form C-103
Revised 10-1-O. C. D.
ARTESIA OFFICE

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
LG 8597

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator HNG OIL COMPANY ✓	8. Farm or Lease Name Loving 36 State
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>south</u> LINE AND <u>2070</u> FEET FROM THE <u>west</u> LINE, SECTION <u>36</u> TOWNSHIP <u>22S</u> RANGE <u>27E</u> NMPM.	10. Field and Pool, or Wildcat <u>UND</u> Black River Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3121.4' GR	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENT ON TO:

SUBSEQUENT REPORT OF: 1/17/83

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.

2-4-83 - Set 10,500 feet of 7" 23# GR-95, N-80 & S-95

Cemented with 850 sacks TLW and 525 Sacks Class H.

30 minutes pressure tested to 1500#. WOC - 21 hours.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Betty Gildon TITLE Regulatory Analyst DATE 2/7/83APPROVED BY Leslie A. Clements
Original Signed By
Supervisor District IITITLE _____ DATE FEB 14 1983

CONDITIONS OF APPROVAL, IF ANY