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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87504

AUG 02 1984

O. C. D.
ARTESIA, OFFICEForm C-103
Revised 10-1-78

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 Craft "25" Com.
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>north</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>25</u> TOWNSHIP <u>24S</u> RANGE <u>28E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat Atoka
15. Elevation (Show whether DF, RT, GR, etc.) 2916.5' GR	12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF: 7/25/84

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 JOB <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.

7-28-84 - Set 2527 feet of 9-5/8" 36# K-55 ST&C. Cemented with 875 sacks HL at 1/4# Flocele/sx. and 2% CaCl mixed at 12.7 ppg. Followed with 400 sacks Class C w/1/4# flocele/sx. and 2% CaCl mixed at 14.8 ppg. 30 minutes pressure tested to 2000#. Circulated to surface. WOC - 19-3/4 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 AnalystDATE 8/1/84APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:Original Signed By
Leslie A. Clements
Supervisor District IIDATE AUG 06 1984