

ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2018
SANTA FE, NEW MEXICO 87501 C. D.
ARTESIA, OFFICE

RECEIVED D1

NOV 1984

Form C-103
Revised 10-1-78

1. Indicate Type of Lease

State ☒

Fee ☐

3. State Oil & Gas Lease No.

LG-6797

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 Target 23 State
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER E 2310 FEET FROM THE north 990 LINE AND FEET FROM west 23 TOWNSHIP 24S RANGE 27E NMPM.	10. Field and Pool, or Wildcat Wildcat /Morrow Sands/
15. Elevation (Show whether DF, RT, GR, etc.) 3212.5' GR	12. County Eddy

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

SUBSEQUENT REPORT OF: 11/19/84

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 1703.

11-19-84 - Set 2290 feet of 9-5/8" 36# K-55 ST&C. Cemented with 1200 sacks HLW w/1/4# flocele mixed at 12.7 ppg. Followed with 400 sacks Class C w/1/4# Flocele & 2% CaCl mixed at 14.8 ppg. Circulated 430 sacks to surface. 30 minutes pressure tested to 2000#. WOC - 19 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 11/20/84

Original Signed By

Leslie A. Clements

Supervisor District II

APPROVED BY _____ TITLE _____

DATE NOV 26 1984

CONDITIONS OF APPROVAL, IF ANY: