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CONVEYANCE
RESERVATION DIVISION
P. O. BOX 2088
DEC 11 1984
SANTA FE, NEW MEXICO 87501
O. C. D.
ARTESIA OFFICE

5a. Indicate Type of Lease
State ☒ Fee ☐
5. 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	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 LINE AND 990 FEET FROM THE west LINE, SECTION 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

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: **11/21/84**

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.

12-6-84 - Set 10,500' of 7" 23# S-95 ABC mod & LT&C. Cemented with 800 sacks HL w/1/4# flocele and .3% CFR² mixed at 12.7#/gal and 525 sacks Class H w/3/4% CFR² - 5#KCL, .1% HR7 mixed at 16.4 ppg.

30 minutes pressure tested to 2000#. WOC - 22 hours.

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

SIGNED **Betty Seldon** TITLE **Regulatory Analyst** DATE **12/10/84**

Original Signed By
Leslie A. Clements
Supervisor District II

APPROVED BY _____ DATE **DEC 19 1984**

CONDITIONS OF APPROVAL, IF ANY: