

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
DRAWER DD
ARTESIA, NM 88210

SUBMIT IN TRIPPLICATE
(Other, instruct on re-
marks only) CC SECTION

Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
NM 59386

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" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR HNG OIL COMPANY	8. FARM OR LEASE NAME Owen Mesa 25 Fed. Con.
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 760' FWL	10. FIELD AND POOL, OR WILDCAT Owen Mesa /Morrow/
14. PERMIT NO. -	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T24S, R29E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3080.0' GR	12. COUNTY OR PARISH Eddy
	13. STATE NM

RECEIVED BY
MAR 24 1986
O. C. D.
ARTESIA, OFFICE

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	REPAIR OR ALTER CASING	<input checked="" type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(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.)

Proposed Casing and Cementing Program

Size of Hole	Size of Casing	Weight per foot	Setting Depth	Quantity of Cement
17-1/2"	13-3/8"	48#	650'	1000 sacks Circulated
12-1/4"	9-5/8"	36#	3300'	1850 sacks
8-3/4"	7"	26#	11000'	1275 sacks
6-1/8"	4-1/2" Liner	13.5#	14300'	600 sacks

BOP - Install at 3300' w/5000# cap. and 3000# annular preventer. At 11,000' increase to 10,000# cap. w/5000# annular preventer. Will use standard surface-controlled BOP installation.

18. I hereby certify that the foregoing is true and correct

SIGNED Betty Gildon
Betty Gildon

TITLE Regulatory Analyst

DATE 3/18/86

(This space for Federal or State office use)

Orig. Sgd. Clerk

APPROVED BY APR 1986
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

3-20-86

*See Instructions on Reverse Side