

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO. *dsf*
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		RECEIVED BY JUN 26 1986 O. C. D. ARTESIA OFFICE	7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR HNG OIL COMPANY			8. FARM OR LEASE NAME Owen Mesa 25 Fed. Com.	
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 regulations. See also space 17 below.) At surface 1980' FSL & 760' FWL			10. FIELD AND POOL, OR WILDCAT Owen Mesa / <i>Atoka</i>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3080' GR		11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA Sec. 25, T24S, R29E
				12. COUNTY OR PARISH Eddy
				13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) casing test & cement job <input checked="" 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.) *

5-24-86 - 4-1/2" 13.50# N-80 ABC Liner set at 13,090'. TOL at 10,911'.

Cemented with 300 sacks Class H cement w/1/10 of 1% CFR3 and 1/4 oz of 1% HR5 mixed at 16.4 ppg.

30 minutes pressure tested to 2000#. WOC - 20 hours.

ACCEPTED FOR RECORD

LWD
JUN 23 1986

CARLSBAD, NEW MEXICO

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

SIGNED *Betty Gildon*

TITLE Regulatory Analyst

DATE 6/5/86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side