

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL ☒ DEEPEN ☐ PLUG BACK ☐
b. TYPE OF WELL OIL WELL ☐ GAS WELL ☒ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐
2. NAME OF OPERATOR HNG Oil Company
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)* At surface 1350' FNL & 1880' FEL of Section 26 At proposed prod. zone Same
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* 7.5 miles SE from Loving
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) 1350
16. NO. OF ACRES IN LEASE 320
17. NO. OF ACRES ASSIGNED TO THIS WELL 320
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. None
19. PROPOSED DEPTH 13,100
20. ROTARY OR CABLE TOOLS Rotary
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 2967.0' GR
22. APPROX. DATE WORK WILL START* When Permitted

RECEIVED BY DEC 22 1986 O. C. D. ARTESIA, OFFICE

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"	54.5#	650	1000 sacks CIRCULATE
12-1/4"	9-5/8"	40#	3200'	1500 sacks CIRCULATE
8-3/4"	7"	33.7#	11200'	1200 sacks
6-1/2"	4-1/2" Liner	13.5#	13100'	600 sacks

BOP - Install at 3200' w/5000# cap. and 3000# annular preventer. At 11,200' increase to 10,000# cap. w/5000# annular preventer. Will use standard surface-controlled BOP installation.

Gas is not dedicated.

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IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED Betty Gildon Betty Gildon TITLE Regulatory Analyst DATE 11/17/86

(This space for Federal or State office use)

PERMIT NO. APPROVAL DATE

APPROVED BY CONDITIONS OF APPROVAL, IF ANY TITLE DATE 12-19-86

Subject to Like Approval by State

*See Instructions On Reverse Side

APPROVAL SUBJECT TO GENERAL REQUIREMENTS AND SPECIAL STIPULATIONS