

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)  
Alameda, NM 88210

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

clsf

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 <input type="checkbox"/>	<div style="border: 2px solid black; padding: 5px; text-align: center;">RECEIVED BY FEB -6 1987 O.C.D. ARTESIA, OFFICE</div>	5. LEASE DESIGNATION AND SERIAL NO. NM 59387
2. NAME OF OPERATOR HNG OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1350' FNL & 1880' FEL		8. FARM OR LEASE NAME Owen Mesa 26 Federal Com.
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2967.0' GR	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Owen Mesa /Atoka/
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, 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: 1/21/87	
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) <u>Casing test &amp; cement job.</u> <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.) \*

1/28/87 - Set 3050 feet of 9-5/8" 36# K-55 ST&C

Cemented with 800 sacks dowel lite w/2% CaCl<sub>2</sub> & 1/4# Flocele mixed at 11.7, and 400 sacks Class C w/2% CaCl<sub>2</sub> & 1/4# Flocele mixed at 14.8.

Ran 1" pipe to 1340' and mixed 755 sacks Class C. Circulated 10 sacks.

30 minutes pressure tested to 1000# OK. WOC - 31 hours.

ACCEPTED FOR RECORD

FEB 05 1987

*Jm*  
CARLSBAD, NEW MEXICO

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

SIGNED <u>Betty Gildon</u>	TITLE <u>Regulatory Analyst</u>	DATE <u>2/2/87</u>
(This space for Federal or State office use)		

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side