

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

E*
16

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM-19423

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H-M Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

SW Sulphate Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 14 T25S R26E

12. COUNTY OR PARISH 13. STATE

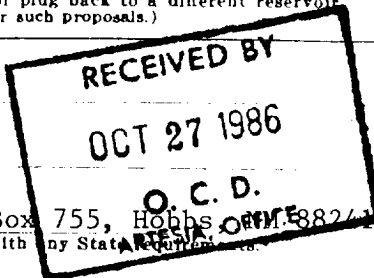
Eddy

NM

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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
H & W Oil Corporation Inc. ✓
3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc. Box 755, Hobbs, NM 88241
4. LOCATION OF WELL (Report location clearly and in accordance with any State Regulations.
See also space 17 below.)
At surface
330' FNL & 560' FEL of Section 14



14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3268 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Return to Production

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

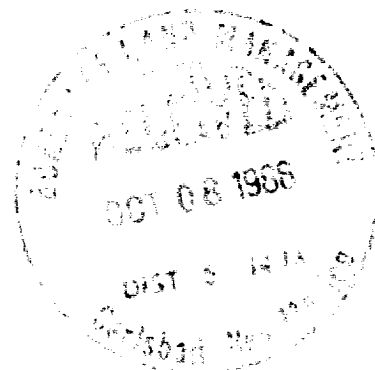
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Returned well to producing status 10/2/86.

ACCEPTED FOR RECORD

OCT 20 1986

CARLSBAD, NEW MEXICO



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

SIGNED W. J. H. H. H. H.

TITLE Agent

DATE 10/6/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side