

UNITED STATES GEOLOGICAL SURVEY
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYE-
reForm approved
Budget Bureau No. 42-R1424.

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		5. LEASE DESIGNATION AND SERIAL NO. NM-14468	
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 1650' FNL & 1650' FEL		8. FARM OR LEASE NAME Grynberg Fed. Com. 11	
14. PERMIT NO. Approved 9-19-77		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3397.2		10. FIELD AND POOL, OR WILDCAT White City Penn.	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 11 T25S, R26E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) 4-1/2"

(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.)*

11-8-77 Ran 2602', 4-1/2", 13.5#, N-80. Set @ 11,600'
Cmtd with 425 sx. Press test to 1500#,
30 minute, O.K. W.O.C. 22 hrs.

RECEIVED
JAN 10 1978
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Quida Roach Ouida RoachTITLE Production ClerkDATE 11-29-77

(This space for Federal or State office use)

APPROVED BY Lee L. L...
CONDITIONS OF APPROVAL, IF ANY:TITLE ACTING DISTRICT ENGINEERDATE JAN 11 1978