

Form 7-131  
(May 1983)  
NM OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPI  
(Other instructions re-  
verse side)

Form 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.)

RECEIVED BY  
JUN 06 1984  
O. C. D.  
ARTESIA, OFFICE

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 19423
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, Section 14		8. NAME OR LEASE NAME White City 14 Federal
14. PERMIT NO. -		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3296.6' GR		10. FIELD AND POOL, OR WILDCAT White City Penn
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T25S, R26E
		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"/>	
(Other) <input 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.)\*

- 5-21-84 - Spud 4:00 p.m.
- 5-22-84 - Set 400' of 13-3/8" 54.50# K-55 ST&C A. Cemented with 190 sacks HL at 2% CaCl and 1/2#/sx. Flocele mixed at 12.2 ppg, followed with 275 sx. Class C at 2% CaCl & 1/2# sx. Flocele mixed at 14.8 ppg. Circulated 120 sacks. 45 minutes pressure tested to 1000#. WOC 18-1/2 hours.
- 5-26-84 - Set 1859' of 9-5/8" 40# & 36# K-55 ST&C A. Cemented with 800 sacks HLW at 2% CaCl and 1/4#/sx. Flocele mixed at 12.2 ppg., followed with 400 sacks Class C at 2% CaCl & 1/4#/sx. Flocele mixed at 14.8 ppg. Circulated 117 sacks. 30 minutes pressure tested to 1500#. WOC - 19-14/ hours.

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

SIGNED <u>Betty Gildon</u>	TITLE <u>Regulatory Analyst</u>	DATE <u>6/1/84</u>
ACCEPTED FOR RECORD		
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL IF ANY		

Carlsbad, NEW MEXICO \*See Instructions on Reverse Side