

DD FORM 100-1

GEOLOGICAL SURVEY

Artesia, 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY  JUL 26 1984  O. C. D. ARTESIA, OFFICE		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. FARM OR LEASE NAME White City 14 Federal	
14. PERMIT NO. -		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3296.6' GR		9. WELL NO. 1	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data				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:

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"/>	

(Other) \_\_\_\_\_

(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.)

& S-95

7-3-84 - 4-1/2" 13.5# N-80 Liner at 11,872 feet with TOL @ 9007'. Cemented with 450 Sacks Class H cement at .4% Halad 22-A, .5% CFR2 + 5#/sx. KCL, mixed at 16.2 ppg. 30 minutes pressure tested to 2000#. WOC - 27-1/4 hours.

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

SIGNED Betty Gildon TITLE Regulatory Analyst DATE 7/19/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JUL 24 1984

\*See Instructions on Reverse Side

NEW MEXICO