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RECEIVED CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
FEB 5 1985
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO UCCPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator HNG OIL COMPANY	8. Farm or Lease Name Salt Draw 2 Com.
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER E 1980 FEET FROM THE north LINE AND 660 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 25S RANGE 28E NMPM.	10. Field and Pool, or Wildcat Salt Draw /Morrow/
15. Elevation (Show whether DF, RT, GR, etc.) 2989.9' GR	12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF: 1/29/85

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

2-2-85 - Set 2560 feet of 9-5/8" 36# K-55-ST&C. Cemented with 1200 sacks HL w/1/4# Flocele mixed at 12.7 ppg. and 350 sacks Class C w/1/4# Flocele and 2% CaCl₂ mixed at 14.7ppg. Circulated 175 sacks to surface. 15 minutes pressure tested to 1500 psi. WOC - 20-1/2 hours.

30 min min test series

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Betty Gildon Betty Gildon TITLE Regulatory Analyst DATE 2/4/85
APPROVED BY Leslie A. Clements Original Signed By
CONDITIONS OF APPROVAL, IF ANY: Supervisor District II TITLE _____ DATE FEB 6 1985