

(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM OIL CONS. COM. DIVISION

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS 88210

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR HNG OIL COMPANY ✓	3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FEL	5. ELEVATIONS (Show whether DF, RT, GR, etc.) 3324' GR	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME HNG 35 Federal	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Wildcat - <i>Blue Springs</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T25S, R26E	12. COUNTY OR PARISH Eddy	13. STATE NM
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RECEIVED BY  
DEC 12 1985  
O. C. D.  
ARTESIA, OFFICE

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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <u>Casing test and cement job</u>			<input checked="" 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.)

TD at 5800'

12-9-85 - Set 5800' of 5-1/2" 15.5# & 14# K-55 ST&C casing. Cemented with 650 sacks HLC w/1/4# Flocele mixed at 12.7 ppg. and 150 sacks Class C w/1/4# Flocele - 3# Salt/sx mixed at 14.8 ppg. 30 minutes pressure tested to 3000# - WOC 26 hours.

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

SIGNED Betty Gildon TITLE Regulatory Analyst

(This space for Federal or State office use)

DATE 12/9/85

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

DEC 11 1985  
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations, as to any matter within its jurisdiction.

CARLSBAD, NEW MEXICO