

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEVADA DISTRICT OFFICE

SUBMIT IN TRIP DATE
(Other instructions on reverse side)

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

45F

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 JAN -9 1987 O. C. D. ARTIFICIAL 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 or Federal law. See also space 17 below.) At surface 1650' FSL & 1650' FEL			8. FARM OR LEASE NAME White City 14 Federal	
14. PERMIT NO. CER-387		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3276.0' GR		9. WELL NO. 2
				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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF: 12/10/86	
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.)*			

12-21-86 - Set 9245 feet of 7" 23# S-95 ABC Modified.

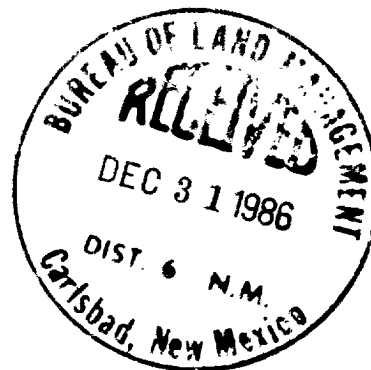
Cemented with 650 sacks Dowell lite and 525 Sacks Class H

30 minutes pressure tested to 10Q0# OK. WOC - 30 hours.

ACCEPTED FOR RECORD

JAN 7 1987

CARLSBAD, NEW MEXICO



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

SIGNED

Betty Seldon

TITLE Regulatory Analyst

DATE 12/30/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side