

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions re-  
verse side)North American  
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.)

|   |  |  |  |
|---|--|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 0353184-A                      |  |
| 2. NAME OF OPERATOR<br>HNG Oil Company  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                     |  |
| 3. ADDRESS OF OPERATOR<br>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.*<br>See also space 17 below.)<br>At surface<br><br>1980' FNL & 760' FEL |  | 8. FARM OR LEASE NAME<br>Bowden Federal Com.                             |  |
| 14. PERMIT NO.<br>Never Received  |  | 9. WELL NO.<br>21  |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>GR-3356.1   |  | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat (Morrow)                       |  |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 30, T24-S R27-E |  |
|   |  | 12. COUNTY OR PARISH<br>Eddy   |  |
|   |  | 13. STATE<br>New Mexico  |  |

## 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"/>    |
| 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 checked="" 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 checked="" type="checkbox"/> |
| (Other) <input checked="" type="checkbox"/> Abandon Location |  |

(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.) \*

Well will not be drilled at this time.

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

SIGNED Ouida Roach Ouida Roach TITLE Production Clerk DATE 9-22-77

(This space for Federal or State office use)

APPROVED BY Joe S. Lara TITLE ACTING DISTRICT ENGINEER DATE OCT 3 - 1977  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

POSTED  
10-2-77  
ABANDONED LOCATION  
RECEIVED  
SEP 26 1977  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO