

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
TO THE DISTRICT OFFICE OF THE
GEOLOGICAL SURVEY

Form approved
by the Board of Supervisors, No. 42, 11/14/74.
THIS FORM IS FOR THE USE OF THE DISTRICT OFFICE OF THE
GEOLOGICAL SURVEY AND FEDERAL NO.

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 ☒ GAS WELL ☐ OTHER ☐	7. LIST ADDRESS NAME
2. NAME OF OPERATOR HILLIARD OIL & GAS, INC.	8. FARM OR LEASE NAME HILLVAIN-FEDERAL
3. ADDRESS OF OPERATOR 906 Building of the Southwest, Midland, Texas 79701	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FEL	10. TOWN AND POOL, OR WILDCAT E-K Bone Springs
14. PERMIT NO.	11. T, R, B, M, G, P, R, AND WELL OR AREA Sec. 31, T-18-S, R-34 E
15. EXPLANATIONS (show whether DE, RT, etc.) CR 3877' RKB 3894'	12. COUNTY OR LAND Lea
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
ABANDON OR ABANDON	☐	ABANDONING OR ABANDONING	☐
REPAIR WELL	☐	(other) Spud & surface casing	☐
(OTHER)	☐	(NOTE: Report results of all operations in well including those reported on this form.)	☐

17. (If well is being drilled, deepened, or plugged back, state all pertinent details, and give pertinent dates, including date of starting any
new work. If well is being plugged back, give well surface location and plug back location with reference to all markers and plugs
used in this work.)

- Spudded well @ 12 Noon 12-11-75.
- Drilled 17½" hole to 350' in Redbed.
- Set 13-3/8", 72#, N-80, Buttress csg. @ 349' w/375 sx Class "C",
½# Floccle/sx, 2% CaCl. Cement circulated.
Plug down @ 10:00 P.M. 12-11-75.

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

SIGNED [Signature] TITLE Manager of Operations DATE 12-15-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

