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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG 3907	

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		8. Farm or Lease Name	
OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		Wiser 26 State	
2. Name of Operator		9. Well No.	
HNG Oil Company		1	
3. Address of Operator		10. Field and Pool, or Wildcat	
P. O. Box 2267, Midland, Texas 79702		Airstrip Lower Bone Spring	
4. Location of Well UNIT LETTER <u>H</u> LOCATED <u>1910</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>26</u> TWP. <u>18S</u> RGE. <u>34E</u> NMPM		12. County	
		Lea	
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
10,800'		Bone Spring	Rotary
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3978.9' GR	Blanket Active	Wharton Drilling Co.	September 22, 1980

23.

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	500'	250	Circ.
12-1/4"	9-5/8"	36#	4000'	2000	Circ.
8-3/4"	7"	23#	10800'	500	8000'

A double BOP w/annular preventor and rotating head will be installed at the 9-5/8 inch casing setting point, and pressure tested to 5000# wp. The drill string will be equipped with a safety valve.

Acreage is not dedicated.

APPROVAL VALID  
FOR 90 DAYS UNLESS  
DEVELOPMENT COMMENCED,

EXPIRES 12/18/80

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Betty A. Gildon Title Regulatory Clerk Date 9-16-80

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: