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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. NM 5188

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator HNG OIL COMPANY	8. Farm or Lease Name Strip 26 State
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER G 2310 FEET FROM THE north LINE AND 2310 FEET FROM THE east LINE, SECTION 26 TOWNSHIP 18S RANGE 34E NMPM.	10. Field and Pool, or Wildcat Airstrip / Bone Springs/
15. Elevation (Show whether DF, RT, GR, etc.) 3983.2' GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF: 9/6/84

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9-15-84 set 10,450 feet of 5-1/2" L-80 K-55 17#. Cemented with 500 sacks premium cement + 2% D 79 plus .5 of one percent D 112 + 5 pounds/sx. D 42 + .2 of one percent D 13. 12.5 ppg. followed with 650 sacks of premium cement + one percent D 60. 15.6 ppg. 30 minutes pressure tested to 2000#. WOC - 18 hours.

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

SIGNED Betty Gildon Betty Gildon TITLE Regulatory Analyst

DATE 9/18/84

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE SEP 20 1984