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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 <u>G</u> <u>2310</u> FEET FROM THE <u>north</u> LINE AND <u>2310</u> FEET FROM THE <u>east</u> LINE, SECTION <u>26</u> TOWNSHIP <u>18S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat Airstrip / Bone Springs/ 12. County Lea
15. Elevation (Show whether DF, RT, GR, etc.) 3983.2' GR	

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

8-22-84 - Set 360 feet of 13-3/8" J-55 54.50# casing. Cemented with 450 sacks Class C + 1/2 pound per sack Cellophane flakes + 2% CaCl₂, 14.8 ppg. Circulated to surface. 30 minutes pressure tested to 1500#. 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 Gilson TITLE Regulatory Analyst DATE 8/27/84
APPROVED BY Edith M. Sauer TITLE Oil & Gas Analyst DATE AUG 29 1984
CONDITIONS OF APPROVAL, IF ANY: