

|                           |  |  |
|---------------------------|--|--|
| 1. NO. OF COPIES REQUIRED |  |  |
| DISTRIBUTION              |  |  |
| AIR TAPE                  |  |  |
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| LAND OFFICE               |  |  |
| OPERATOR                  |  |  |

## NEW MEXICO OIL CONSERVATION COMMISSION

Supersedes D11  
C-102 and C-101  
Effective 1-1-65

|                                                                                                                                                                                                            |  |                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|
| SUNDY NOTICES AND REPORTS ON WELLS<br>DO NOT USE THIS FORM FOR REPORTS ON WELLS THAT ARE NOT IN A DIFFERENT RESERVOIR.<br>USE THIS FORM FOR REPORTS ON WELLS THAT ARE IN A DIFFERENT RESERVOIR.            |  | 5a. Indicate Type of Lease<br>State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
|                                                                                                                                                                                                            |  | 5. State Oil & Gas Lease No.                                                                         |
| 1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                                                                                                     |  | 7. Unit Agreement Name<br>Shoe Bar Ranch Unit 3                                                      |
| 2. Name of Operator<br>HNG Oil Company                                                                                                                                                                     |  | 8. Farm or Lease Name                                                                                |
| 3. Address of Operator<br>P.O. Box 2267, Midland, Texas 79702                                                                                                                                              |  | 9. Well No.<br>1                                                                                     |
| 4. Location of Well<br>UNIT LETTER <u>C</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>3</u> TOWNSHIP <u>17-S</u> RANGE <u>35-E</u> N.M.P.M. |  | 10. Field and Pool, or Well Unit<br>South Shoe Bar Morrow                                            |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>3968.4 GR                                                                                                                                                 |  | 12. County<br>Lea                                                                                    |

|                                                                              |                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|
| 16. 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"/>                               | REMEDIAL WORK <input type="checkbox"/>               |
| TEMPORARILY ABANDON <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>     |
| PULL OR ALTER CASING <input type="checkbox"/>                                | CASING TEST AND CEMENT JOBS <input type="checkbox"/> |
| OTHER <input type="checkbox"/>                                               | OTHER <u>PB within same pool</u>                     |
| PLUG AND ABANDON <input type="checkbox"/>                                    | ALTERING CASING <input type="checkbox"/>             |
| CHANGE PLANS <input type="checkbox"/>                                        | PLUG AND ABANDONMENT <input type="checkbox"/>        |
|                                                                              | PBTD 12,560'                                         |

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.

Lower set of perfs squeezed with 35 sx Cl H cement and perf upper from 12,458' to 12,474' and acidized with 3000 gals Morrow flow acid. See attached workover detail.

Production prior to workover - 4 BOPD, 92 MCF/d, 0 BWPD.

Production after recompletion as of 11-21-78 - 2 BOPD, 2,200 MCF/d and 5 BWPD.

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

SIGNATURE Betty A. Gildon TITLE Regulatory Clerk DATE 12-6-78

APPROVED BY Jerry Sexton TITLE Dist 1, Supv DATE DEC 8 1978

CONDITIONS OF APPROVAL, IF ANY: