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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 checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
L-5465	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name	
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		Wildcat (Morrow) (N.D.)	
4. Location of Well		12. County	
UNIT LETTER <u>F</u> LOCATED <u>1980</u> FEET FROM THE <u>West</u> LINE		Lea	
AND <u>1980</u> FEET FROM THE <u>North</u> LINE OF SEC. <u>11</u> TWP. <u>17-S</u> RGE. <u>35-E</u> NMPM			
19. Proposed Depth		19A. Formation	
13,100		Morrow	
20. Rotary or C.T.		Rotary	
21. Elevations (Show whether DF, RT, etc.)		21B. Drilling Contractor	
3948' GR		Parker Drilling Co.	
21A. Kind & Status Plug. Bond		22. Approx. Date Work will start	
Blanket-Active		June 10, 1979	

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#	400'	500	Surface
12-1/4"	9-5/8"	40#	4800'	2500	Surface
8-1/2"	4-1/2 & 5-1/2"	13.5 & 17#	13,000'	800	4800'

BOP - Install at 400' w/2000# cap. & 2000# annular preventer. At 4800' increase to 5000# cap. w/3000# annular preventer. Will use standard surface controlled BOP installation.

Acreage is not dedicated.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTION 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 May 31, 1979

(This space for State Use)

APPROVED BY Orig. Signed [Signature] TITLE Jerry Sexton DATE JUN 6 1979
CONDITIONS OF APPROVAL, IF ANY Dist 1, Sup