

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-2051	

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator HNG OIL COMPANY 3. Address of Operator P. O. Box 2267, Midland, Texas 79702 4. Location of Well UNIT LETTER L 1980 FEET FROM THE south LINE AND 660 FEET FROM THE West LINE, SECTION 14 TOWNSHIP 17S RANGE 35E NMPM.		7. Unit Agreement Name 8. Farm or Lease Name Shoe Bar 14 State Com. 9. Well No. 1 10. Field and Pool, or Wildcat Wildcat /Morrow/ 15. Elevation (Show whether DF, RT, GR, etc.) 3938.5' GR 12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF: 4/4/84
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <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.

4-24-84 - Set 12,978 feet of 5-1/2" 17# N-80 LT&C A and 4-1/2" 13.5# N-80 LT&C ABC A.
Cemented with 475 sacks Calss H, Halliburton Lite at 1/4#/sx. flocele mixed at 12.4 ppg
followed with 700 sx. Cl H 50-50-poz with 2% gel and 1/4# flocele mixed at 14.5 ppg.
30 minutes pressure tested to 1500#. WOC - 20-1/2 hours.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Betty Gildon</u> Betty Gildon	TITLE <u>Regulatory Analyst</u>	DATE <u>5/22/84</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE <u>MAY 24 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED
MAY 23 1984
O.C.D.
HOBBS OFFICE