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

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 JOBS <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.

3-8-84 - Spud 4:00 p.m.

Set 464 feet of 13-3/8" 61# K-55 ST&C. Cemented with 500 sacks Class C at 1/4#/sx. & 2% CaCl circulated to surface. WOC-18-1/4 hours. 30 minutes pressure tested to 1000#.

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>	TITLE <u>Regulatory Analyst</u>	DATE <u>3/16/84</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE <u>MAR 20 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

MAR 19 1984

O.C.D.
HOBBS OFFICE