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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1-78

5a. Indicate Type of Lease

State ☐Fee ☒

5. State Oil & Gas Lease No.

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- 2. Name of Operator HNG OIL COMPANY 3. Address of Operator P. O. Box 2267, Midland, Texas 79702 4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>north</u> LINE AND <u>660</u> FEET FROM <u>west</u> THE <u>8</u> LINE, SECTION <u>19S</u> TOWNSHIP <u>35E</u> RANGE <u>8</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3881.8' GR 12. County Lea	7. Unit Agreement Name 8. Farm or Lease Name Hooper 8 9. Well No. 1 10. Field and Pool, or Wildcat Scharb Bone Springs
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

3/9/84

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 1503.

3-2-84 - Set 11,015 feet of 5-1/2" 17# N-80, K-55, C-75, LT&C. Cemented with 400 sacks pacesetter lite at 5#/sx. Hiseal and .5% CF-1, mixed at 12.3 ppg. Followed with 650 sacks Class H at .5% CF-1, mixed at 15.6 ppg. 30 minutes pressure tested to 1500#. WOC - 18-3/4 hours.

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

SIGNED Betty Gildon Betty Gildon TITLE Regulatory Analyst DATE 3/12/84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 15 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAR 13 1984
O.C.D.
HOBBS OFFICE