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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator HNG OIL COMPANY	8. Farm or Lease Name Hooper 8
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER D 660 FEET FROM THE north LINE AND 660 FEET FROM THE west LINE, SECTION 8 TOWNSHIP 19S RANGE 35E NMPM.	10. Field and Pool, or Wildcat Scharb Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 3881.8' GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF: 2/13/84

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"/>	

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.

2-14-84 - Set 4000 feet of 9-5/8" 36# K-55 ST&C. Cemented with 1050 sacks Pacesetter lite at 1/4#/sx. cello seal and 5#/sx. Hiseal-mixed at 12.4 ppg, and 300 sacks Class C at 1/4#/sx. cello seal + 3#/sx. salt mixed at 14.8 ppg. Circulated to surface. 30 minutes pressure tested to 2000#. WOC - 20-1/4 hours.

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

SIGNED <u>Betty Sildon</u>	TITLE <u>Regulatory Analyst</u>	DATE <u>2/23/84</u>
DISTRICT 1 SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE <u>FEB 27 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED
FEB 24 1984
O.C.D.
HOBB'S OFFICE