

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
NM17827 NM06477
NM0559812 NM17249
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Dogie Draw Federal	
2. NAME OF OPERATOR HNG Oil Company		8. FARM OR LEASE NAME Dogie Draw Federal	
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FEL, Sec. 8, T26S, R36E, NMPM		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO.		12. COUNTY OR PARISH Lea	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2970.8 GR		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>	Casing program	<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

5-29-74 - Set 20" 94# casing at 661'. Cmt w/500 sks Cl C mixed with prehydrated gel ant 500 sks Cl C w/2% CaCl₂. Cement circulated.

7-5-74 - Set 13-3/8" 71# casing at 5001'. Used Halliburton DV tool at 2480'. Cmt 1st stage w/650 sks Cl C and 600 sks Cl H. Cmt 2nd stage w/1700 sks Cl C mixed w/prehydrated gel. Cmt circulated on both stages.

8-4-74 - Set 8-5/8" 47# and 52# casing at 11,990'. Cmt w/1100 sks Cl C and 800 sks Cl H.

9-29-74 - Set 7-5/8" & 7-3/4" liner from 11,861' to 16,138'. Cmt w/875 sks Cl H.

12-6-74 - Set 5-1/2" & 5" liner from 15,926' to 20,882'. Cmt w/520 sks Cl H.

18. I hereby certify that the foregoing is true and correct

SIGNED

R.R. Frazier

TITLE

Petroleum Engineer

DATE

12/19/74

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

