

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 23199

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilson 21 Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT Und.

Comanche Stateline Yates

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 21, T26S, R36E

12. COUNTY OR PARISH

Lea

13. STATE
NM1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

HNG Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 2267, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

990' FWL & 1650' FSL of Sec. 21

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

2918' GR

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOT OR ACIDIZE ☐ABANDON* ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) Casing test & cement job ☒

(Other)

(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 perti-
nent to this work.)*

9-2-79 Spud 11:00 P.M.

9-3-79 Set 1415 feet of 8-5/8" 24# K-55 ST&C. Cemented w/600 sx
HLW w/2% CaCl & 1/2#/sx Flocele mixed at 12.4 ppg & 250 sx ClC
w/2% CaCl & 1/2#/sx Flocele mixed at 14.8 ppg. Circulated 230
sacks. Pressure tested to 500 psi. WOC-23-1/4 hours.9-12-79 Set 3575 feet of 5-1/2" 14# J-55 ST&C. Cemented w/375 sx HLW
w/2#/sx Walnut & 1/4#/sx Flocele mixed at 12.4 ppg & 325 sx
ClC w/3#/sx salt & 1/4#/sx Flocele mixed at 14.8ppg. Pressure
tested to 1000 psi. WOC-24 hours.

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

Betty A. Gildon

TITLE

Regulatory Clerk

DATE 9-17-79

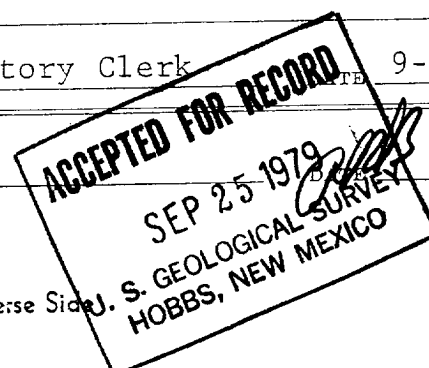
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



RECEIVED

OCT - 1

O.C.D. HOBBS, OFFICE