COPY IO O. C. C. |

Form approved.

| (May 1963) | | THE INTERIOR ? | Other instructions on To | 5. LEASE DESIGNATION | NO. 42-R1424. AND SEBIAL NO. |
|--|--|---|--|------------------------|---------------------------------|
| | GEOLOGICA | L SURVEY | | NM 23199 | |
| SUN (Do not use the | NDRY NOTICES AND s form for proposals to drill or Use "APPLICATION FOR PE | to doopen or plug back to | a different reservoir. | 6. IF INDIAN, ALLOTTEE | |
| 1. | | 7. UNIT AGREEMENT NAME | | | |
| OIL GAS WELL | OTHER | | | S. FARM OR LEASE NAM | I.E. |
| 2. NAME OF OPERATOR | | Wilson 21 Federal | | | |
| HNG Oil Co | | 9. WELL NO. | | | |
| 3. ADDRESS OF OPERAT | | 50500 | | 4 | |
| P. O. Box | 2267, Midland, To (Report location clearly and in a | 10. FIELD AND POOL, OR WILDCAT UND | | | |
| See also space 17 b | elow.) | Comanche Stateline Yates | | | |
| At surface | | 11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA | | | |
| 990' FWL | & 1650' FSL of Se | Sec. 21, T26S, R36E | | | |
| 14. PERMIT NO. | 15. ELEVATIO | NS (Show whether DF, RT, GR, | etc.) | 12. COUNTY OR PARISH | 1 |
| • | | 2918' GR | | Lea | NM |
| 16. | Check Appropriate B | ox To Indicate Nature | of Notice, Report, or G | Other Data | |
| | | | WATER SHUT-OFF | REPAIRING | WELL |
| TEST WATER SHUT | PULL OR ALTER MULTIPLE COM | 1 | FRACTURE TREATMENT | ALTERING C | ASING |
| FRACTURE TREAT | | - | SHOOTING OR ACIDIZING | ABANDONME | NT* |
| SHOOT OR ACIDIZE | CHANGE PLANS | X | (Other) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | | |
| (Other) 17. DESCRIBE PROPOSET proposed work nent to this work | OR COMPLETED OPERATIONS (Clear If well is directionally drilled, k.) * | rly state all pertinent deta give subsurface locations a | | - iludin- entimeted de | to of eterting any |
| | PROPOSE | D CASING AND | CEMENTING PRO | GRAM | |
| ze of Hole | Size of Casing | Weight Per Fo | oot Setting Do | epth Quantit | y of Cement |
| H | 8-5/8" | 23# | 1400' | 100 | o sacks |
| 11" 7 - 7/8" | 5-1/2" | 15.5# | 3350' | 30 | 00 sacks |
| 7-778 | J 1/2 | | | | |
| | | | APR 24 19 | 979 | |
| Pressure Control Program: U. S. GEOLO HOBBS, N | | | | MEXICO | |
| • | w-out preventer a the 8-5/8" casin h a safety valve lation. | na settina po: | int. The diff | T DOTTTHE MATE | ± 200 |

| 18. I hereby certify that the foregoing is true and correct SIGNED | TITLE _ | Regulatory Clerk PATE April 20, 1979 |
|--|-------------|--|
| (This space for Federal or State office use) | | PPROVED |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE _ | APR 24 1979 DATE |
| | | tions on Reverse SideING DISTRICT ENGINEER |
| *Se | ze instruct | tions on Reverse AGEING DIO |