

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions reverse 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.

5

10. FIELD AND POOL, OR WILDCAT Und.  
Comanche Stateline Yates

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

Sec. 21, T26S, R36E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

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

1980' FWL & 2000' FNL of Sec. 21

14. PERMIT NO.

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

2927' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Extension of Permit ☒

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

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

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.)\*

Drilling approval for the above-named well will expire on October 24, 1979.

This is to request a 6-months extension for permit to continue through April 24, 1979.

Unless Drilling Operations have  
Commenced, this drilling approval  
Expires 4-24-80

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

SIGNED

*Betty A. Gildon*  
Betty A. Gildon

TITLE Regulatory Clerk

DATE 10-1-79

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 10 1979

DATE

*Alfred*  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

100-100000

RECEIVED

OCT 16 1967

O.C.D. HOBBS, OFFICE