

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY TO U. S. G.

SUBMIT IN TRIPPLICATE  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.

NM 23199

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 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 Wilson 21 Federal
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  990' FWL & 1700' FNL of Sec. 21	10. FIELD AND POOL, OR WILDCAT Und. Comanche Stateline Yates
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2934' GR
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Casing test & cement Job <input checked="" type="checkbox"/>	
(Other) <input 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 completion or recompletion dates, and give pertinent details of proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all depths and points pertinent to this work.) \*

RECEIVED

JAN 16 1980

1-6-80 Spud 7:45 p.m.

1-12-80 Set 1352 feet of 8-5/8" casing. 23# X-42 ST&C

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

Cemented with 600 sx HLW w/1/2# flocele & 2% CaCl<sub>2</sub> followed by 350 sx Cl C w/1/2# flocele & 2% CaCl<sub>2</sub>. Cement did not circulate. WOC 16-1/4 hours.

Ran 1-1/4" tubing in annulus and cemented w/100 sx. Cl H w/2% CaCl<sub>2</sub>.  
3-1/2 hrs. WOC cemented w/100 sx Cl H w/2% CaCl<sub>2</sub>.  
3-1/2 hrs. WOC cemented w/ 50 sx Cl H 4 to 1 Cal Seal.  
1/2 hr WOC cemented w/ 50 sx Cl H 4 to 1 Cal Seal.  
1 hr WOC cemented w/ 100 sx Cl H w/2% CaCl<sub>2</sub>.  
4 hrs WOC cemented w/100 sx Cl H w/2% CaCl<sub>2</sub>.  
Circ. cement.

Pressure tested to 1000 psi.

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

SIGNED Betty A. Gildon  
Betty A. Gildon

TITLE Regulatory Clerk

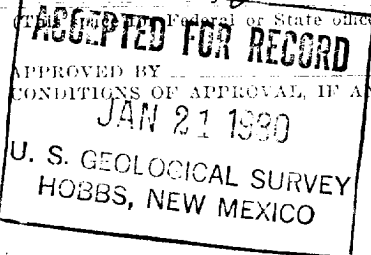
DATE January 15, 1980

(This space is for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_



\*See Instructions on Reverse Side