UNITED STATES COPY TO THE LICATE OF THE INTERIOR verse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

| | EPARTMENT OF THE GEOLOGICAL SU | | side) | + 5. LEASE DESIGNATION 1 NM 23199 | AND SERIAL NO. |
|---|---|--|-------------------------|---|---------------------|
| SUNDR | Y NOTICES AND REF | ORTS ON WEL | LS erent reservoir. | 6. IF INDIAN, ALLOTTE | E OR TRIBE NAME |
| 1. | Se "APPLICATION FOR PERMIT— | Tot such proposition | | 7. UNIT AGREEMENT N | AME |
| OIL X GAS WELL | OTHER | | | 8. FARM OR LEASE NA | MF. |
| 2. NAME OF OPERATOR | | | | Wilson 21 Federal | |
| HNG Oil Company 3. ADDRESS OF OPERATOR | | | | 9. WELL NO. | Cucrur |
| P. O. Box 226 | 7, Midland, Texas | 79702 | | 7 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | | | 10. FIELD AND POOL, OR WILDCAT UND Comanche Stateline Yates | |
| 20001 5557 6 | CCOL ENT OF COR | 21 | | 11. SEC., T., R., M., OR SURVEY OR ARE | |
| 2000 FWL & | 660' FNL of Sec. | 21 | | Sec. 21. | r26S, R36E |
| 14. PERMIT NO. | 15. ELEVATIONS (Sho | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | | H 13. STATE |
| | 2933' GR | | | Lea | NM |
| 16. | Check Appropriate Box To | Indicate Nature of 1 | Notice, Report, or (| Other Data | |
| NOT | ICE OF INTENTION TO: | 1 | | UENT REPORT OF: | |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | WAT | ER SHUT-OFF | REPAIRING | WELL |
| FRACTURE TREAT | MULTIPLE COMPLETE | | TURE TREATMENT | - ALTERING | |
| SHOOT OR ACIDIZE | ABANDON* | | OTING OR ACIDIZING | ABANDONM | ENT" |
| REPAIR WELL | CHANGE PLANS | X (Oti | (Note: Report result | s of multiple completion pletion Report and Log f | on Well |
| (Other) | OMPLETED OPERATIONS (Clearly state | all pertinent details, a | nd give pertinent dates | , including estimated d | ate of starting any |
| ize of Hole Siz | | ASING AND CER 3ht Per Foot 23# | | epth Quanti | ty of Cement |
| 7-7/8" | 5-1/2" | 15.5# | 3350' | | 00 sacks |
| | | | APR 24 1 | 979 | |
| ressure Control Program: U. S. GEOLOGICA HOBBS, NEW | | | | MEXICO | |
| inctalled at the | ut preventer and see 8-5/8" casing see safety valve. As | ettina point | . The dril. | T Strind Mit | .i be |
| 18. I hereby certify that the | he foregoing is true and correct | | | | |
| SIGNED Betty | W. Gildon | TITLE Regula | tory Clerk | DATE ADI | <u>il 20, 19</u> 79 |
| (This space for Federa | d or State office use) | d , | UDDKO, | - | |
| APPROVED BYCONDITIONS OF APP | | TITLE | APR 24 | 1979 PA | ····· |
| | *See | Instructions on Rev | CSING DISTRICT | TENGINEER | |
| | | | 1 | | |