

**UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

COPY TO O. C. C.
SUBMIT IN TRIPLICATE*
(Other instructions on
verse side)

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

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. <input type="checkbox"/> OIL WY'L <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		NM 23199 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR HNG Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		8. FARM OR LEASE NAME Wilson 21 Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FWL & 630' FNL of Sec. 21		9. WELL NO. 8	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT UND Comanche Stateline Yates	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2943' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T26S, R36E	
		12. COUNTY OR PARISH Lea	13. STATE NM

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 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 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.)*			

PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Quantity of Cement
11"	8-5/8"	23#	1400'	1000 sacks
7-7/8"	5-1/2"	15.5#	3350'	300 sacks

RECEIVED

APR 24 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

Pressure Control Program:

A double blow-out preventer and rotating head w/a choke manifold will be installed at the 8-5/8" casing setting point. The drill string will be equipped with a safety valve. All equipment will be tested to 3000 lbs. after installation.

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

SIGNED

Betty A. Gildon
Betty A. Gildon

TITLE Regulatory Clerk

DATE April 20, 1979

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
APR 24 1979
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side