Form 9-331
May 1963

UNITE STATES
DEPARTMENT or THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 18644

6. 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.)

7. UNIT AGREEMENT NAME

1.
OIL WELL [X]   GAS WELL [ ]   OTHER

8. FARM OR LEASE NAME

Wilson 8 Federal

2. NAME OF OPERATOR

HNG Oil Company

9. WELL NO.

2

3. ADDRESS OF OPERATOR

P. O. Box 2267, Midland, Texas 79702

10. FIELD AND POOL, OR WILDCAT Und.

Comanche Stateline Yates

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL & 1980' FEL, Sec. 8

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

Sec. 8, T26S, R36E

12. COUNTY OR PARISH | 13. STATE

Lea | NM

14. PERMIT NO.

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

2973' 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: 2/1/80

WATER SHUT-OFF [ ]
FRACTURE TREATMENT [ ]
SHOOTING OR ACIDIZING [ ]
(Other) Casing test & cement job.

REPAIRING WELL [ ]
ALTERING CASING [ ]
ABANDONMENT* [X]

(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.) *

2-5-80 – Set 3832 feet of 5-1/2" 14# K-55 ST&C. Cemented w/450 sx. HLW mixed at 12.4 ppg followed w/225 sx. Cl C w/3#/sx. salt & 1/4#/Sx. Flocele mixed at 14.8 ppg. Pressure tested to 1000 psi. WOC 35 hours.

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

SIGNED Betty A. Gildon

TITLE Regulatory Clerk

DATE 2-7-80

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side