

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 18644	
2. NAME OF OPERATOR HNG Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		7. UNIT AGREEMENT NAME	
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		8. FARM OR LEASE NAME Wilson 3 Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2973' GR		10. FIELD AND POOL, OR WILDCAT Und. Comanche Stateline Yates	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T26S, R36E		12. COUNTY OR PARISH Lea	
13. STATE NM		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	
NOTE OF INTENTION TO:		SUBSEQUENT REPORT OF: 6-15-79	
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) <u>Casing test & Cement job</u> <input checked="" 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.)*			

1-27-80 Spud 12:30 p.m.

1-28-80 set 1405 feet of 8-5/8" 24# H-40 ST&C.
Cemented w/600 sx HLW W/ 1/2#/sx Flocele & 2% Ca Cl mixed
at 12.4 ppg & 350 sx. ClC w/2% Ca Cl & 1/4#/sx. Flocele
mixed at 14.8 ppg. Circ. 250 sacks. Pressure tested to 1000#.
WOC 24 hours.

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

SIGNED

Betty A. GildonTITLE Regulatory ClerkDATE 2/1/80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side