Form	9-331
(May	1963)

2.

3.

16.

At surface

UNIT 7 STATES DEPARTMEN' OF THE INTERIOR verse side

	TRIPLIC	→ 0.E. *
(Other i	ructions	re
roseo aida		

Form approved. Budget Bureau No. 42-R1424.

IF INDIAN, ALLOTTEE OR TRIBE NAME

5. LEASE DESIGNATION AND SERIAL NO.

18644

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OTICEC	ANID	DEDCORE	ON	MELLO	

SUNDRY NOTICES AND REPORTS ON WELLS

Use "APPLICATION FOR PERMIT—" for such proposals.)	
	7. UNIT AGREEMENT NAME
OIL GAS OTHER	
NAME OF OPERATOR	8. FARM OR LEASE NAME
HNG Oil Company	Wilson 8 Federal
ADDRESS OF OPERATOR	9. WELL NO.
P.O. Box 2267, Midland, Texas 79702	3
LOCATION OF WELL (Report location clearly and in accordance with any State requirements)	10. FIELD AND POOL, OR WILDCAT Und.

1980' FSL & 660' FEL of Sec. 8

Comanche Stateline Yates
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA

S. GEOLOGICAL SURVESCO. 8. T26S, R36 S. GEOLOGICAL SURVESCO. 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

2964' GR U. S. GEOLOGICAL SURVE

2964' GR U. S. GEOLOGICAL SURVE

MEXICO R36E 14. PERMIT NO.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF: 0-23-79					
				7		<del></del>	
TEST WATER SHUT-OFF		PULL OR ALTER CASING		i	WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE			FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*			SHOOTING OR ACIDIZING	ABANDON MENT*	.
REPAIR WELL		CHANGE PLANS	l		(Other) Casing	test & Cement jo	HX_
(Other)		•			(Note: Report resul	lts of multiple completion on Wompletion Report and Log form.)	ell

8-21-78 set 3782 feet of 5-½" 14# K-55 ST&C Cemented w/375 sx HLW w/2# Walnut and ½#/sx Flocele mixed at 12.4 ppq & 325 sx C1C  $\frac{\pi}{3}$ /sx Salt mixed at 14.8 ppq.

Pressure tested to 2300 psi, WOC 20-₹ hrs.

18. I/hereby certify that/the foregoing is true and correct Betty A. Gildon: Regulatory Clerk (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

HOBBS, NEW MEXICO

^{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.) *