

COPY TO O. C. C.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse 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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>HNG Oil Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P.O. Box 2267, Midland, Texas 79702</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1980' FSL & 660' FEL of Sec. 8</u></p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>2964' GR</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM 18644</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Wilson 8 Federal</u></p> <p>9. WELL NO. <u>3</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Und. Comanche Stateleine Yat</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 8, T26S, R36E</u></p> <p>12. COUNTY OR PARISH <u>Lea</u></p> <p>13. STATE <u>NM</u></p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Casing test & cement job ☒
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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.)*

8-12-79 Spud 5:30 P.M.

8-14-79 Set 1417 feet of 8-5/8" 23# x-42 ST&C cemented w/550 sx TLW w/2% CaCl & 1/2 #/sx Flocele mixed at 11.9 ppg & 250 sx ClC w/2% CaCl & 1/2#/sx Flocele mixed at 14.8 ppg. Circulated.

Pressure tested to 500# WOC. 20-1/4 hours.

RECEIVED

AUG 23 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

Betty A. Gildon

Betty A. Gildon TITLE Regulatory Clerk

DATE 8-23-79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

