

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.)

| | | | |
|---|--|---|--|
| 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' FSL & 660' FWL of Sec. 9 | | 8. FARM OR LEASE NAME Wilson 9 Federal | |
| 14. PERMIT NO. | | 9. WELL NO. 1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2968' GR | | 10. FIELD AND POOL, OR WILDCAT UND Comanche Stateline Yates | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T26S, R36E | |
| | | 12. COUNTY OR PARISH Lea | |
| | | 13. STATE NM | |

16. 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"/> | (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# | 3700' | 300 sacks |

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.

RECEIVED

APR 24 1979

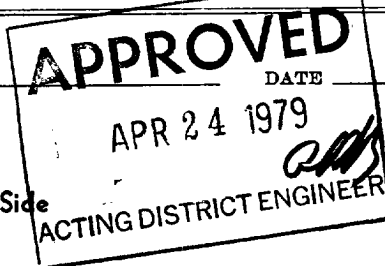
18. I hereby certify that the foregoing is true and correct

SIGNED Betty A. Gildon TITLE Reg. Clerk DATE April 20, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side