

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved
Budget Bureau No. 42 R1424.
LEASE DESIGNATION AND SERIAL NO.

NM 18644

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR HNG Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 2267, Midland, Texas 79702		8. FARM OR LEASE NAME Wilson 9 Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with applicable requirements. See also space 17 below.) At surface 660' FSL & 660' FWL of Sec. 9		9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT Comanche Stateline Und. Yato		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T26S, R36E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DEPT., GR., or ST.) 2958' GR	12. COUNTY OR PARISH Lea	13. STATE NM

RECEIVED
SEP 11 1979
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HOBBS, NEW MEXICO

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

NOTICE 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) <input checked="" type="checkbox"/> Casing test & cement jobx	
(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.) *

Spud 8-22-79 9:30 P.M.

8-25-79 Set 1417 feet of 8-5/8" circulated 285' 24# K-55 ST&C & 1132' 23# x-42 ST&C cemented w/950 sx HLW w/2% CaCl & 1/2#/sx Flocele mixed at 12.4 ppg & 250 sx ClC w/2% CaCl & 1/2#/sx Flocele mixed at 14.8 ppg. Pressure tested to 1000# WOC 26 hours. *circ.*

9-2-79 Set 3800' of 5-1/2" 14# K-55 ST&C. Cemented w/375sx HLW w/2#/sx wall nut & 1/2#/sx Flocele mixed at 13.4 ppg & 325 sx ClC w/3#/sx salt & 1/4#/sx Flocele mixed at 14.8 ppg. Pressure tested to 1000#. Woc 20-3/4 hrs.

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

SIGNATURE *Betty A. Gildon* Betty A. Gildon Regulatory Clerk

DATE 9-6-79

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
SEP 17 1979
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side