

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 660' FSL & 660' FWL of Sec. 9 | | 8. FARM OR LEASE NAME Wilson 9 Federal | |
| | | 9. WELL NO. 2 | |
| | | 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 | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2958' GR | 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

U. S. GEOLOGICAL SURVEY

HOBBS, NEW MEXICO

SIGNED Betty A. Gildon

TITLE Regulatory Clerk

DATE April 20, 1979

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

APR 24 1979

DATE

*See Instructions on Reverse Side

DISTRICT ENGINEER