

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)
COPY TO O. C. C.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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 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 & 1980' FWL of Sec. 9 | | 8. FARM OR LEASE NAME Wilson 9 Federal | |
| | | 9. WELL NO. 3 | |
| | | 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.) 2954' 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 type="checkbox"/> | (Other) <u>Extension of Permit</u> | (Other) <input checked="" 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.)*

To request approval period be extended to one year from the initial approval date of February 22, 1979.

Unless Drilling Operations have
Commenced, this drilling approval
Expires 2-21-80

RECEIVED

JUN 18 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED

Betty A. Gildon

TITLE

Regulatory Clerk

DATE

June 15, 1979

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUN 18 1979

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side.

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JUN 19 1979

1 - INFORMATION CORP.
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