

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 18644

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilson 9 Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Sioux Yates

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 9, T26S, R36E

12. COUNTY OR PARISH

Lea

13. STATE

NM

## 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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

HNG Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 2267, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1980' FSL &amp; 1980' FWL of Sec. 9

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

2958' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF: 3-6-80

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

Casing Test &amp; 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.)\*

2-24-80 - Spud 6:30 P.M.

2-24-80 - Set 1415 feet of 8-5/8" 23# X-42 ST&amp;C Casing

Cemented W/600 sx HLW W/1/2#/sx flocele + 2% CaCl

mixed at 12.4 ppg &amp; 300 sx ClC W/1/2#/sx flocele &amp;

2% CaCl mixed at 14.8ppg. Circulated.

Pressure tested to 1000 psi. WOC 19-1/4 hours.

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

SIGNED

Betty A. Gildon

TITLE Regulatory Clerk

DATE 3-10-80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side