	_	CONS. COMMISSION				
Form 9-331	UN THE SX.	A1988 FW MEVICO . 993	SUBMIT IN TRIPLIC	Form Ap Budget 1	Burenu No. 42-R1424	
(May 1963) D	EPARTMENT OF T		ther instructions on refere side)		TION AND SERIAL NO.	
GEOLOGICAL SURVEY				NM 18644 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDR	RY NOTICES AND m for proposals to drill or to se "APPLICATION FOR PERM	REPORTS ON deepen or plug back to	WELLS on different reservoir. ls.)			
	Se All Brention			7. UNIT AGREEMEN	NT NAME	
OIL GAS WELL OTHER				8. FARM OR LEASE NAME		
2. NAME OF OPERATOR HNG Oil Company					Wilson 9 Federal	
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, TX 79702				g. WELL NO.		
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				SIOUX T	ansill Yate	
See also space 17 below.) At surface				Seven R	Seven Rivers 11. sec., T., E., M., OR BLK. AND SURVEY OR AREA	
1980' FSL & 1980' FEL, Sec 9, T26S, R36E					T26S, R36E	
14. PERMIT NO.	15. ELEVATIONS	15. ELEVATIONS (Show whether DF, RT, GR, etc.)			NM	
		2950' GL		Lea	14171	
16.	Check Appropriate Box	To Indicate Natur	e of Notice, Report, o	r Other Data		
				EQUENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CA	ASING	WATER SHUT-OFF	<u> </u>	RING WELL	
FRACTURE TREAT	MULTIPLE COMPLE		FRACTURE TREATMENT	l—-i	ONMENT*	
SHOOT OR ACIDIZE	ABANDON*	<u>X</u>	SHOOTING OR ACIDIZING		JON SI ENT	
REPAIR WELL (Other)	CHANGE PLANS		(Other)(Note: Report res	ults of multiple compl empletion Report and I	etion on Well Log form.)	
jts 2-3/8	ND pmpg tee. N 3" 4.7# J-55 8rd	EUE tbg @	3391'.			
form. Pu 100 BW. Pull out	emt ret & TIH & all out of ret & Sting into the of ret & leave	circ the h	ole w/10 ppg 1 erfs @ 3219-34 top of ret.	brine cont	25 sx ge1/	
	973'. Spot 25 s sx class H 2% Ca on.		% CaCl from +	473-1373 .		
	tbg spool, cut ers. RD WSU.	off head, w	eld on plate	& dry hole	marker, cut	
5. Clean up Determine TO	location. "-8%" casing shoe theast 50' bet program from	annulus cement u	- If TOC is	DEGIE	2002 1 1982	
aced from a with	tleast 50' bet. program from	step 3.	ove the 8% she	011 U.S. GEOVE	& GAS IGICAL SURVEY	
18. I hereby certify that t	he foregoing is true and corre	ect TITLE	Completion En	KO2AA Erri	ACH Mem-	
APPROVED BY	Cope al APPROVED gd.) HELLR W. CHESTE PROVAL, IF ANX: JUN 18 1982	un and		DATE _		
İ	JUN 10 1982 FOR JAMES A. GILLHAM DISTRICT SUPERVISOR		n Reverse Side			

RECEIVED

JUN 21 1982

HCBBS OFFICE