

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 88240

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR HNG OIL COMPANY	8. FARM OR LEASE NAME Wilson 21 Federal
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	9. WELL NO. 6Y
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1700' FNL & 890' FWL of Sec. 21.	10. FIELD AND POOL, OR WILDCAT Comanche Stateline Tansill Yates, SRQ
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2934' GL
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 21, T26S, R36E
	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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) _____
(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.)*

8-5/8" set at 1500' w/1350 sx. cement; TOC at surface.
5-1/2" set at 3742' w/675 sx. cement; TOC at surface (calculated).
Perforations 3146 to 3503 feet.

1. MIRU well service unit. POH & LD rods & pump. NU BOP; TOH w/tubing.
2. Set CIBP at 3100'. Dump 35' cement on top. Circulate hole with 10 ppg brine gel mud.
3. Mix and spot 25 sack cement plug from 1550 to 1450 feet.
4. Mix and spot 10 sack cement plug from 50 feet to surface.
5. ND BOP; cut off wellhead; weld on plate and dry hole marker.
clean up location.

MAJOR GEOLOGICAL TOPS:

Tansill	3130
Yates	3454
Seven Rivers	3506

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

SIGNED Betty Sildon
Betty Sildon

TITLE Regulatory Analyst

DATE 10/8/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 10-16-86

*See Instructions on Reverse Side

WELL COMPLETION DIAGRAM

LWH

DATE PREPARED

10-8-86

LEASE AND WELL NUMBER

WILSON 21 FEDERAL 6-Y

FIELD OR PROSPECT

Comanche Stateline

COUNTY

LEA

STATE

New Mexico

W.I. _____

ELEVATIONS: RKB 2945 DF _____ GL 2934'

N.I. _____

Depths measured from RKB 11 ft. above GLSURFACE CASING: 8 5/8" 24# CSA 1500'with 850 sacks. Cement top @ surface

INTERMEDIATE CASING: _____ CSA _____

with _____ sacks. Cement top @ _____

PRODUCTION CASING: 5 1/2" 14# K-55, STC CSA 3742with 675 sacks. Cement top @ surface (calculated)

PRODUCTION CASING DETAIL

Size	Wt.	Grade	Cplg.	No. Jts.	Length	Depth
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TUBING:

Size	Wt.	Grade	Cplg.	No. Jts.	Length	Depth
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PERFORATIONS / OPEN HOLE:

Interval	No. Shots/ft.	Formation	Date Squeezed	Sacks Cmt.
3146-3503	1	Tansill Yates SRQ		

T.D. 3750, P.B.T.D. 3693

RECEIVED
OCT 20 1986
O.C.C.
MOBES OFFICE