

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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' FEL Section 17	8. FARM OR LEASE NAME Wilson 17 Federal
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2935' GR	10. FIELD AND POOL, OR WILDCAT Sioux Tansill Yates Seven Rivers
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)\*

1. MI WSU. ND pumping tree, NU BOP, Pull 126 3/4" X 25' rods and insert pump. Pull 103 jts 2-3/8" 4.7# J55 8rd tubing.
2. PU & TIH with 5-1/2" cement retainer and set retainer @ 3100±. Pump 12 bbls 10# brine into formation. Pull out of retainer & circulate the hole with 10# brine containing salt water gel. Sting into retainer and squeeze perfs 3186 to 3290 with 65 sx Class H cement. Pull out of retainer leave 25' of cement on top of retainer.
3. TOH to 1556'. Spot 25 sx Class H 2% Cal chloride from 500' to 300'.
4. TOH to 90'. Spot 15 sx Class H 2% Cal Chloride from 90' to surface, check top of plug visual inspection.
5. ND BOP, ND tubing spool, cut off head, weld on plate & dry hole marker, cut off anchor, RD WSU.
6. Clean up location.

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

SIGNED Betty Gildon Betty Gildon

TITLE Regulatory Analyst

DATE 12-30-81

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHAMBERLAIN  
CONDITIONS OF APPROVAL JAN 1 1982

TITLE

DATE

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

See Instructions on Reverse Side