

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR HNG Oil Company		8. FARM OR LEASE NAME Wilson 17 Federal	
3. ADDRESS OF OPERATOR P.O. Box 2267 Midland, Texas 79702		9. WELL NO. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FEL		10. FIELD AND POOL, OR WILDCAT Sioux Yates	
14. PERMIT NO. approved 5-28-80		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T26S, R36E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2956' GR		12. COUNTY OR PARISH Lea	
		13. STATE NM	

RECEIVED
JUL 15 1980
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF: 4-16-80	
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) Casing test & Cement job <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.) *

7-5-80 Spud 11:15 p.m.

7-7-80 Set 1488 feet of 8-5/8" 23# X-42 ST&C

Cemented w/ 700 sx HLW 2% CaCl & 1/2#/sx
flocele mixed at 12.4 ppg + 200 sx ClC w 2% CaCl
& 1/2#/sx flocele mixed at 14.8 ppg. Pressure tested to 500#
WOC. 19-1/2 hours.

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

SIGNED

Betty A. Gildon

Betty A. Gildon

TITLE

Regulatory Clerk

DATE 7-14-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: