

**COPY TO O. C. C.**  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TR. (CATE)  
(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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u></p> <p>2. NAME OF OPERATOR <u>HNG Oil Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P.O. Box 2267 Midland, Texas 79701</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u> <u>1980' FNL &amp; 1930' FEL, Sec. 17</u></p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM 18644</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Wilson 17 Federal</u></p> <p>9. WELL NO. <u>4-Y</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Sioux Yates</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 17, T26S, R36E</u></p> <p>12. COUNTY OR PARISH <u>Lea</u></p> <p>13. STATE <u>NM</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>2956' GR</u></p>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF: <u>7-18-80</u>	
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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.) \*

7-17-80

50 sx Cmt. plug set at 640'

7-18-80

50 sx C1C neat set at 200'

10 sx C1C cmt. set at Surface

Cut off conductor & weld on plate. Rig released 7-18-80.

**RECEIVED**  
**JUL 22 1980**  
**U. S. GEOLOGICAL SURVEY**  
**HOBBS, NEW MEXICO**

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

SIGNED

Betty A. Gildon  
Betty A. Gildon

TITLE

Regulatory Clerk

DATE 7-21-80

(This space for Federal or State office use)

APPROVED BY

(Orig. Sgd.) PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FOR

JAMES A. GILMAN  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side