

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A-4096 & LG-359	

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator HNG OIL COMPANY		8. Farm or Lease Name Madera 32 State Com.
3. Address of Operator P. O. Box 2267, Midland, Texas 79702		9. Well No. 1
4. Location of Well UNIT LETTER C 1980 FEET FROM THE West LINE AND 660 FEET FROM THE North LINE, SECTION 32 TOWNSHIP 24S RANGE 34E NMPM.		10. Field and Pool, or Wildcat Und. Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3468' GR		12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF: 2/8/82

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3/31/82 - Set 4-1/2" 13.5# S-95 LTC Liner at 15419'. TOL: 12,927'.

Cemented with 450 sacks of Class H cement w/4 gal D-108 .5% D-635 .3%D-13 .2% D-46, mixed at 16.4 ppg.

Pressure tested to 2000#. WOC 30-1/2 hours.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Betty Gildon TITLE Regulatory Analyst DATE 4/6/82
Betty Gildon

APPROVED BY _____ TITLE _____ DATE APR 9 1982

CONDITIONS OF APPROVAL, IF ANY: