

N. M. OIL CONS. COMMISSION  
UNITED STATES P. O. BOX 5000 IN TRIPLICATE  
DEPARTMENT OF THE INTERIOR, NEW MEXICO 88240  
GEOLOGICAL SURVEY

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.)

<b>1. OIL WELL</b> <input type="checkbox"/> <b>GAS WELL</b> <input checked="" type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>5. LEASE DESIGNATION AND SERIAL NO.</b>  NM 15684
<b>2. NAME OF OPERATOR</b> HNG OIL COMPANY		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>  
<b>3. ADDRESS OF OPERATOR</b> Box 2267, Midland, Texas 79702		<b>7. UNIT AGREEMENT NAME</b>  
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  660' FSL & 1980' FWL, Sec. 28		<b>8. FARM OR LEASE NAME</b> Madera 28 Federal Com.
<b>14. PERMIT NO.</b>  		<b>9. WELL NO.</b> 1
<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 3460' GR		<b>10. FIELD AND POOL, OR WILDCAT</b> Wildcat Morrow
<b>16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data</b>		<b>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 28, T24S, R34E
<b>17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS</b> (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.)  6-18-82 - Spud 4:00 p.m.  6-19-82 - Set 575 feet of 13-3/8" 48# H-40 ST&C.  Cemented w/325 sx. Pacesetter lite 2% CaCl, 1/2# Cello seal mixed at 12.7 ppg, and 250 Sx. Cl C 2% CaCl mixed at 14.8 ppg. Circulated 150 sacks to surface.  Pressure tested to 800#. WOC-20 hours.		<b>12. COUNTY OR PARISH</b> Lea
<b>13. STATE</b> NM		

<b>18. I hereby certify that the foregoing is true and correct</b>																			
<b>NOTICE OF INTENTION TO:</b> <table style="width: 100%;"><tr><td>TEST WATER SHUT-OFF <input type="checkbox"/></td><td>PULL OR ALTER CASING <input type="checkbox"/></td></tr><tr><td>FRACTURE TREAT <input type="checkbox"/></td><td>MULTIPLE COMPLETE <input type="checkbox"/></td></tr><tr><td>SHOOT OR ACIDIZE <input type="checkbox"/></td><td>ABANDON* <input type="checkbox"/></td></tr><tr><td>REPAIR WELL <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td></tr><tr><td>(Other) <input type="checkbox"/></td><td></td></tr></table>	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 type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> 4-30-82 <table style="width: 100%;"><tr><td>WATER SHUT-OFF <input type="checkbox"/></td><td>REPAIRING WELL <input type="checkbox"/></td></tr><tr><td>FRACTURE TREATMENT <input type="checkbox"/></td><td>ALTERING CASING <input type="checkbox"/></td></tr><tr><td>SHOOTING OR ACIDIZING <input type="checkbox"/></td><td>ABANDONMENT* <input type="checkbox"/></td></tr><tr><td>(Other) Casing test &amp; cement job. <input checked="" type="checkbox"/></td><td></td></tr></table> <p>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>	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) Casing test & cement job. <input checked="" type="checkbox"/>	
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 type="checkbox"/>																		
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>																		
(Other) <input type="checkbox"/>																			
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) Casing test & cement job. <input checked="" type="checkbox"/>																			

<b>18. I hereby certify that the foregoing is true and correct</b>		
<b>SIGNED</b> <u>Betty Gildon</u> Betty Gildon (This space for Federal or State office use)	<b>TITLE</b> <u>Regulatory Analyst</u>	<b>DATE</b> <u>6/22/82</u>
<b>APPROVED BY</b> _____ <b>TITLE</b> _____ <b>CONDITIONS OF APPROVAL, IF ANY:</b>		

\*See Instructions on Reverse Side

