

UNITED STATES  
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPlicate  
(Other instructions  
reverse side)

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Form approved.  
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY P. O. BOX 1980  
HOBBS NEW MEXICO 88240

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR HNG OIL COMPANY		8. FARM OR LEASE NAME Maderal 29 Federal	
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1980' FSL & 1650' FEL		10. FIELD AND POOL, OR WILDCAT Pitchfork Ranch Morrow	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T24S, R34E	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3500' GR		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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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) Casing test and cement job.	<input checked="" type="checkbox"/>		<input checked="" 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.)

3-16-83 - Set 4-1/2" Liner at 15,290'. TOL at 12,968'. N-80,13.5#

Cemented with 475 sacks Class H. 30 minutes pressure tested to 1500#. WOC - 19 hrs

MAR 24 1983  
OIL & GAS  
MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO

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

SIGNED Betty Seldon TITLE Regulatory Analyst DATE 3/23/83

(This space for Federal Office Use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL OF \_\_\_\_\_

MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO \*See Instructions on Reverse Side

RECEIVED

MAR 29 1983

O.C.D.  
HOBBS OFFICE