

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)  
G. LOGICAL SURVEY

Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.  
NM 16139

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	N. M. OIL CONS. COMMISSION P. O. BOX 1980 HOBBS, NEW MEXICO 88240
2. NAME OF OPERATOR HNG OIL COMPANY	
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	
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	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3500' GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Madera 29 Federal	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Pitchfork Ranch Morrow	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T24S, R34E	
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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

2/3/83

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Casing test and cement job.

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)

2-21-83 - Set 7" at 13,210'. P110 S-95 26#.

Cemented with 600 sacks pacesetter lite and 325 sacks Cl H.

30 minutes pressure tested to 2250#. WOC - 30-1/2 hours.

RECEIVED

MAR 4 1983

MIN. & GTS

MINERALS MGMT. SERVICE

ROSWELL, NEW MEXICO

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

SIGNED

Betty Gildon

TITLE

Regulatory Analyst

DATE

3/3/83

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

CONDITIONS OF APPROVAL

TITLE

DATE

MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side

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O.C.D.  
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