

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
N. M. SUBMIT IN TRIPlicate
(Other Instructions on Reverse Side)
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 16139

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 13. STATE

Lea

NM

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 ☐ GAS WELL ☒ OTHER

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF: 9/23/82

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Spud, Csg. test & cmt. job.

(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.)*

1-21-83 - Spud 1:00 p.m.

1-22-83 - Set 600 feet of 13-3/8" H-40 48#. Circulated to surface.

Cemented with 325 sx. Pacesetter lite and 250 sacks C1 C.

1/2 hour pressure tested to 1000#. WOC - 21 hours.

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

SIGNED

Betty Wilson
Betty Wilson

TITLE Regulatory Analyst

DATE 1/27/83

(This space for Federal or State Record)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

JAN 31 1983

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

RECEIVED

JAN 28 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO