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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease

State ☒For ☐

5. State Oil & Gas Lease No.

LG-1027

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 Pitchfork 36 State
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>north</u> LINE AND <u>1980</u> FEET FROM THE <u>west</u> LINE, SECTION <u>36</u> TOWNSHIP <u>24S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3377' GR	12. County Lea

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF: 1/31/83

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 JOBS <input checked="" 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 1503.

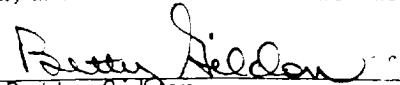
2-5-83 - Set 591' of 13-3/8" 48# H-40 circulated to surface.

Cemented with 250 sacks HLC and 250 sacks Class C.

30 minutes pressure tested to 1500#. WOC - 22-3/4 hours.

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

SIGNED


 Betty Gilson

TITLE

Regulatory Analyst

DATE

2/7/83

APPROVED BY

ORIGINAL

DISTRICT SUPERVISOR

TITLE

DATE

FEB 10 1983

CONDITIONS OF APPROVAL, IF ANY: