

DEPARTMENT OF THE INTERIOR
BIOLOGICAL SURVEY

N. MOUNTAIN CONSERVATION COMMISSION
P. O. BOX 196
HOBBS, NEW MEXICO 88240

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM 28881

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marshall 29 Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Pitchfork Ranch Morrow

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA

Sec. 29, T24S, R34E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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' FNL & 990' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GR, etc.)
3518.8' GR

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: 7/1/83

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

casing test & cement 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.) *

7-17-83 - Set 13250 feet of 7" P110 & S95 26#. Cemented with 600 sacks pacesetter lite and 325 sacks Class H. 30 minutes pressure tested to 2500 #. WOC - 18 hours.

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

SIGNED

Betty Gildon

TITLE Regulatory Analyst

DATE 7/25/83

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

AUG 18 1983

ROSWELL, NEW MEXICO