

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator HNG OIL COMPANY	8. Farm or Lease Name Madera 10
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>south</u> LINE AND <u>990</u> FEET FROM THE <u>west</u> LINE, SECTION <u>10</u> TOWNSHIP <u>26S</u> RANGE <u>33E</u> NMPM.	10. Field and Pool, or Wildcat Salado Draw (Delaware)
15. Elevation (Show whether DF, RT, GR, etc.) 3316.1' GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: 5/25/83

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"/>	OTHER <input 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 1703.

5-28-83 - Spud 2:00 a.m.

5-28-83 - Set 915 feet of 8-5/8" 24# K-55. Cemented with 250 Sacks HLC and 180 sacks Class C.  
30 minutes pressure tested to 1000#. WOC - 18 hours.

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

SIGNED <u>Betty Seldon</u> Betty Seldon	TITLE <u>Regulatory Analyst</u>	DATE <u>6-1-83</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE <u>JUN 6 1983</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

JUN 3 1983

O.C.D.  
HOBBS OFFICE