

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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L. 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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-359	

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.)

OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-		7. Unit Agreement Name
Name of Operator HNG OIL COMPANY		8. Farm or Lease Name Madera 32 State
Address of Operator P. O. Box 2267, Midland, Texas 79702		9. Well No. 2
Location of Well UNIT LETTER <u>J</u> <u>1650</u> FEET FROM THE <u>south</u> LINE AND <u>1980</u> FEET FROM THE <u>east</u> LINE, SECTION <u>32</u> TOWNSHIP <u>24S</u> RANGE <u>34E</u> N.M.P.M.		10. Field and Pool, or Wildcat Pitchfork Ranch Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3431.5' GR		12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF: 9/20/83

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 1103.

10-5-83 - Spud 2:00 p.m.

10-6-83 - Set 600 feet of 13-3/8" H-40 J55 61# & 48#. Cemented with 265 sacks pacesetter lite and 250 sacks Class C. 30 minutes pressure tested to 1500#. Circulated to surface. WOC - 20 hours.

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

SIGNED Betty Gildon TITLE Regulatory Analyst DATE 10/17/83

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 19 1983

CONDITIONS OF APPROVAL, IF ANY: