

DEPARTMENT OF THE INTERIOR

(Other instructions on reverse side)

Drill Form No. 42 R1424

U. S. GEOLOGICAL SURVEY

GE OLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.
NM 19858

P. O. BOX 2267 SUNDRY NOTICES AND REPORTS ON WELLS

HOBBBS, NEW MEXICO 88240
(Do not use for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR HNG OIL COMPANY		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		8. FARM OR LEASE NAME Madera Ridge 25 Fed. Com.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL, Sec. 25		9. WELL NO. 1
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Pitchfork Ranch /Morrow/
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3556' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T24S, R33E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF: 5/31/84

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) casing test & cement job <input checked="" type="checkbox"/>	

(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.)*

6-27-84 - Set 3-1/2" liner at 14,973 with TOL at 14036'. C-75 10.30#.
Cemented with 140 sacks Class H cement. 30 minutes pressure tested to 1500#.
WOC - 24 hours.

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

SIGNED Betty Seldon

TITLE Regulatory Analyst

DATE 7/25/84

(This space for Federal or State office use)

APPROVED BY SWQ

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 26 1984

Carroll NEW MEXICO

*See Instructions on Reverse Side