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5a. Indicate Type of Lease
State Fee

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 WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator HNG OIL COMPANY 3. Address of Operator P. O. Box 2267, Midland, Texas 79702 4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>north</u> LINE AND <u>1980</u> FEET FROM THE <u>east</u> LINE, SECTION <u>34</u> TOWNSHIP <u>24S</u> RANGE <u>34E</u> NMPM.	7. Unit Agreement Name 8. Farm or Lease Name Moore 34 Com. 9. Well No. <u>1</u> 10. Field and Pool, or Wildcat Pitchfork Ranch /Morrow/ 15. Elevation (Show whether DF, RT, GR, etc.) 3401.6' GR 12. County Lea
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF: 3/20/84

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 JOB <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.

4-18-84 - 3-1/2" Liner set at 15,370'. Top of liner at 13,209'. C-75 10.3# cemented with 250 sacks Class H cement. 30 minutes pressure tested to 2000#. WOC - 25-1/4 hours.

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

SIGNED Betty Gordon TITLE Regulatory Analyst DATE 4/24/84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 26 1984

CONDITIONS OF APPROVAL, IF ANY: