| UNITED STATES SUBMIT IN TRIPLICATE DEPARTMF 'T OF THE INTERIOR (Other instructions on re- GE_OGICAL SURVEY | | | Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL 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—" for such proposals.) | | | NM 21511 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| OIL GAS WELL WELL OTHER 2. NAME OF OPERATOR | | | 7. UNIT AGREEMENT NAME | |
| HING OIL COMPANY 3. ADDRESS OF OPERATOR | | | Madera 33 Federal Com. | |
| P. O. Box 2267, Midland, Texas 79702 4. Location of well (Report location clearly and in accordance with any State requirements.* | | | 0. WELL NO. | |
| See also space 17 below.) At surface | | | Pitchfork Ranch /Morrow | |
| 1980' FSL & 1980' FEL, Sec. 33 | | • | 11. SEC., T., R., M., OR SURVEY OR AREA | BLK. AND |
| 4. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3401.3 GR | | | Sec. 33, T24S, R34E 12. COUNTY OR PARISH 13. STATE Lea NM | |
| | To Indicate Nature of No | tice, Report, or C | | |
| NOTICE OF INTENTION TO: | | SUBSEQU | JENT REPORT OF: | |
| TEST WATER SHUT-OFF PULL OR ALTER C. FRACTURE TREAT MULTIPLE COMPLIE SHOOT OR ACIDIZE ABANDON* | FRACTU | SHUT-OFF RE TREATMENT | REPAIRING TO | iI |
| REPAIR WELL CHANGE PLANS | (Other) | OTE: Report results | and cement jo of multiple completion etion Report and Log for | h X |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly proposed work. If well is directionally drilled, givenent to this work.) • | BARAR AND STATE AND A STATE OF | | | |
| | | | • | |
| 5-9-84 - Spud 10:00 p.m. | | | * | • • • |
| 5-10-84 - Set 610 feet of 13-3/8" Pacesetter Lite + 1/4 p sacks Class C Cement + | ound per sack Cello 2% CaCl. 14.8 ppg. | Seal, 12.7 Circulated | nna And 300 | • |
| 30 minutes pressure tes | ted to 750#WOC - | 19 hours. | | |
| | s - 5 | | | - : : . - |
| | | | | |
| | • | | | |
| | | | | |
| | | | | |
| 18. I hereby certify that the foregoing is true and correct | | | • . • | , - |
| SIGNED Ketty Sildon Betty Gildon | TITLE Regulatory Analyst | | DATE 5/23/84 | |
| (This space for Federal or State office use) APPROVED BY | TITLE | Δ | CCERTED FOR RE | CÓRD . |
| CONDITIONS OF APPROVAL, IF ANY: | | | 1.1 | |

JUH 1 1984