

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLI
(Other instructions
reverse side)E-
re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 28881

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Diamond 30 Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Pitchfork Ranch /Morrow/

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Sec. 30, T24S, R34E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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.)

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 (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3532.1' GR

18.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF: 5/8/85

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Casing test and cement job. X

(Other)

(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.)*

5-24-85 - Set 13,250' of 7". 7050' of 26# P110 Seal Lock and
6200' of 26# S95 LT&C.Cemented with 850 sacks TLC - 1/4# Flocele - 4% Gel - .8% Halad 9 - 2% HR7
mixed at 12.4 ppg, and 350 sacks C1 H .2% HR7 mixed at 15.6 ppg.

30 minutes pressure tested to 2000#. WOC - 24-3/4 hours.

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

SIGNED

Betty Gildon

Betty Gildon

TITLE Regulatory Analyst

DATE 5/29/85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 31 1985

*See Instructions on Reverse Side

CARLSBAD, N.E., MEXICO

RECEIVED

JUN - 3 1985

C.C.D.
HOBBS OFFICE