

COPY TO O. C. C.
UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR HNG Oil Company</p> <p>3. ADDRESS OF OPERATOR P.O. Box 2267, Midland, Texas 79702</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 990' FEL Sec. 31</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3124' GR</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME LC-069052</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Elliott 31 Federal</p> <p>9. WELL NO. 3</p> <p>10. FIELD AND POOL, OR WILDCAT Dollarhide Devonian</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T24S, R38E</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE NM</p>
---	---

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

16. NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.) *

Production prior to remedial work:
5 BOPD, 38 MCF 4 BW

24 hour test dated 2-20-79
12 BOPD, 15 MCF, 8 BW

Remedial job to repair casing leak, as per attached detailed account of work done.

RECEIVED

FEB 23 1979

**U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO**

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

SIGNED Betty A. Gildon TITLE Regulatory Clerk

DATE 2-23-79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE

1 1979

**U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO**

*See Instructions on Reverse Side