

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-069052
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER
2. NAME OF OPERATOR
HNG Oil Company
3. ADDRESS OF OPERATOR
P.O. Box 2267, Midland, Texas
4. LOCATION OF WELL (Report location clearly and in accordance with any well requirements.
See also space 17 below.)
At surface
1650' FNL & 1650' FEL Sec. 31, T-24S, R-38E
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR-3123

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Elliott 31 Federal
9. WELL NO.
4
10. FIELD AND POOL, OR WILDCAT
Dollarhide/Devonian
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31, T-24S, R-38E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒ Casing Leak Survey
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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.) *

Cellar was dug out to expose casing head and valves, Riser was installed with a pressure gauge. Inspection was made by NMOCC Representative, Mr. Eddie Seav, 5-15-78.

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

SIGNED Dan C. Jones Dan C. Jones TITLE Sr. Regulatory Clerk DATE 5/16/78
(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

