

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYN. M. SUBMIT IN TRIPlicate
(Other Instructions on reverse side)
HOBBS, NEW MEXICO 88401Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

40 NM 14497

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Diamond 5 Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Pitchfork Ranch Morrow

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

Sec. 5, T25S, R34E

12. COUNTY OR PARISH

Lea

13. STATE

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

HNG OIL COMPANY

3. ADDRESS OF OPERATOR

P. O. Box 2277, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FNL & 1980' FWL, Center (NE NW) Sec. 5

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3410.8' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Casing test & cement job.

(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 perti-
nent to this work.)

3-26-83 - Spud 2:30 p.m.

3-27-83 - Set 600 feet of 13-3/8" 48# H-40. Cemented with 250 Sacks pacesetter lite C w/1/4#
sack cell seal and 250 sacks Class C w/2% CaCl₂. Circulated to surface.

30 minutes pressure tested to 750#. WOC - 18 hours.

RECEIVED

APR 6 1983

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

SIGNED

Betty Sildon

TITLE

Regulatory Analyst

DATE

4/5/83

(This space for Federal or State Office Use)

ACCEPTED FOR RECORD

APPROVED BY

(ORIG. SGD.) DAVID R. GLASS

TITLE

DATE

CONDITIONS OF APPROVAL

ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

APR 8 1983

O.C.O.
HOBBS OFFICE