

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

Form Approved  
Budget Bureau No. 42-R1424  
5. LEASE DESIGNATION AND SERIAL NO.

NM 18640-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Half 5 Federal Com.

9. WELL NO.

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 IN NEW MEXICO

(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 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' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3400.7' 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: 8/5/83

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) casing test and cement job.

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

8-20-83 - Set 13,350 feet of 7" 26#, P110-S95. Cemented with 800 sacks HLW and 400 Sx. C1 H. 30 minutes pressure tested to 2000#. WOC - 22 hours.

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

SIGNED

*Betty Gildon*  
Betty Gildon

TITLE

Regulatory Analyst

DATE

8/25/83

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

AUG 26 1983

RECEIVED  
SEP 30 1983  
HOBBS OFFICE