

UNITED STATES
DEPARTMENT OF THE INTERIOR
BIOLOGICAL SURVEY
N. M. OIL CONS. COMMISSION
P. O. BOX 198
HOBBS, NEW MEXICO 88240Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 18640 - A

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR HNG OIL COMPANY	8. FARM OR LEASE NAME Half 5 Federal Com.
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	9. WELL NO. 1
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	10. FIELD AND POOL, OR WILDCAT Ptichfork Ranch Morrow
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T25S, R34E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3400.7' GR	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF: 7/28/83	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input 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) Casing test & cement job. <input checked="" 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.)

8-1-83 - Set 9-5/8" at 5193'. Cemented with 1900 sacks HLC and 475 Sacks Class C Circulated to surface. (K-55 36# & 40#). 30 minutes pressure tested to 2000#. WOC - 24 hours.

RECEIVED
AUG 8 1 25 PM '83
BUREAU OF LAND MANAGEMENT
ROSWELL DISTRICT

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

SIGNED Betty GildonTITLE Regulatory AnalystDATE 8/5/83

(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 18 1983

RECEIVED
AUG 22 1983
C.C.D.
HOBBS OFFICE