

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*

N. MOUNTAIN DISTRICT  
P. O. BOX 1380  
ROSWELL, NEW MEXICO 88240Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.

NM 19623

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 <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 Vaca 13 Federal
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  660' FNL & 1880' FWL		10. FIELD AND POOL, OR WILDCAT Wildcat Morrow
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T25S, R33E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3360.6' 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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF: 8/22/83

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

casing test &amp; 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 pertinent to this work.)\*

9-3-83 - Set 13,500 feet of 7" 26# P110 & S-95. Cemented with 775 sacks pacesetter lite and 475 sacks Class "H". 30 minutes pressure tested to 2000#.  
WOC - 20½ hours.

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

SIGNED

*Betty Gildon*  
Betty Gildon

TITLE

Regulatory Analyst

DATE

9/6/83

(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

SEP 7 1983

RECEIVED

SEP 9 1983

O.C.D.  
HOBBS OFFICE