

N. M. OIL CONS. COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

DEPARTMENT OF THE INTERIOR (Reverse Side)  
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.  
NM 19623

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Vaca 13 Federal

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Wildcat Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 13, T25S, R33E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

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  
660' FNL & 1880' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3360.6' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<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.)	
FULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.)

8-5-83 - Spud

8-6-83 - set 624 feet of 13-3/8" H-40 48#. Cemented with 265 sacks Pacesetter lite and 250 sacks Class C, circulated to surface. Pressure tested to 1500#. WOC - 19 hours.



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

SIGNED Betty Gildon TITLE Regulatory Analyst DATE 8/12/83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

AUG 16 1983