

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	RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. NM 16139
2. NAME OF OPERATOR HNG OIL COMPANY	JAN 11 10 10 AM '84	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	BUR. OF LAND MGMT ROSWELL DISTRICT	7. UNIT AGREEMENT NAME
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		8. FARM OR LEASE NAME Vaca Ridge 4 Fed. Com.
		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Pitchfork Ranch (Morrow)
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 4, T25S, R34E
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3373' GR	12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) casing test & cement job.	<input checked="" type="checkbox"/>		<input checked="" 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.) \*

12-17-83 - Spud 9:30 a.m.

12-18-83 - Set 595 feet of 13-3/8" K-55 61#. Cemented with 265 sacks HLC and 250 Sacks Class C cement circulated to surface. 30 minutes pressure tested to 1500#. WOC - 21 hours.

12-27-83 - Set 5228 feet of 9-5/8" K-55 36# & 40#. Cemented with 2000 sacks HLC and 475 sacks Class C circulated to surface. 60 minutes pressure tested to 1500#. WOC - 20 hours.

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

SIGNED Betty Gordon TITLE Regulatory Analyst DATE 1/10/84  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

JAN 12 1984

RECEIVED

JAN 13 1984

C.C.D.  
HQSBS OFFICE