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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
LG-3808

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator HNG OIL COMPANY	8. Farm or Lease Name Jewel 2 State
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>south</u> LINE AND <u>660</u> FEET FROM THE <u>west</u> LINE, SECTION <u>2</u> TOWNSHIP <u>25S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat Pitchfork Ranch Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3372.2' GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF: 10/8/86

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☒	OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10-27-86 - Set 7" casing at 13,300'. 7000' of 26# P110 Armco Seal Lock and 6300' of 26# P110 LT&C.

Cemented with 800 sacks lite 35/65 Poz Class H w/6% gel, .3% B112, .2% D800 mixed at 12.4 ppg., and 400 sacks Class H w/.8% D-60 mixed at 14.8 ppg.

30 minutes pressure tested to 1000#. WOC - 23-1/2 hours.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Betty Gildon Betty Gildon

TITLE Regulatory Analyst

DATE 10/29/86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____

TITLE _____

DATE OCT 31 1986

CONDITIONS OF APPROVAL, IF ANY: _____