

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO NM 14497	
2. NAME OF OPERATOR HNG OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		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 & 2230' FWL		8. FARM OR LEASE NAME Diamond 5 Federal	
14. PERMIT NO. -		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3412.4' GR		10. FIELD AND POOL, OR WILDCAT Pitchfork Ranch /Atoka/	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T25S, R34E	
		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: 8/20/86	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL 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 PLANE <input type="checkbox"/>	(Other) <u>Casing test & cement job.</u> <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.) *

9/3/86 - Set 13,350 feet of 5-1/2" casing. Top of cement at 5800'.
8350' 17# P110 LT&C and 5000' 20# P110 F4LS.

Cemented with 950 sacks Dowell lite 65/35 poz w/.6% Gel & .4% D-800, 1/4# Flocele mixed at 11.7 #/gal and 450 sacks Class H w/.6% D-60 mixed at 14.8 #/gal.
pressure tested to 2000# for 30 minutes. WOC - 24-3/4 hours.

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

SIGNED Betty Gildon
Betty Gildon
(This space for Federal or State office use)

TITLE Regulatory Analyst

DATE 9/8/86

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

SEP 09 1986

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

CARLSBAD, NEW MEXICO