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MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease.	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Madera 30 Com.	
2. Name of Operator HNG OIL COMPANY		9. Well No. 1	
3. Address of Operator P. O. Box 2267, Midland, Texas 79702		10. Field and Pool, or Wildcat Und. Morrow	
4. Location of Well UNIT LETTER <u>B</u> LOCATED <u>660</u> FEET FROM THE <u>north</u> LINE AND <u>1980</u> FEET FROM THE <u>east</u> LINE OF SEC. <u>30</u> TWP. <u>24S</u> RGE. <u>35E</u> NMPM		12. County Lea	
21. Elevations (Show whether DF, RT, etc.) 3329.1' GR		19. Proposed Depth 16,500'	19A. Formation Morrow
21A. Kind & Status Plug. Bond Blanket-Active	21B. Drilling Contractor Parker Drilling Company	20. Rotary or C.T. Rotary	
22. Approx. Date Work will start When permitted.			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	600'	550	Circulated
12-1/4"	9-5/8"	36 & 40#	5200'	2500	Circulated
8-3/4"	7"	26#	13500'	1500	
6-1/8"	Liner 4-1/2"	15#	16500'	350	
					Est. TOL: 13000'

BOP - Install at 5200' w/3000# cap. and 2450# annular preventer. At 13,500' increase to 10,000# cap. w/5000# annular preventer. Will use standard surface controlled BOP installation.

Gas is ^{NOT} dedicated.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2/27/85
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Betty Gildon Title Regulatory Analyst Date 8/23/84

(This space for State Use)

Eddie W. Seay

APPROVED BY Oil & Gas Inspector TITLE DATE AUG 27 1984

CONDITIONS OF APPROVAL, IF ANY:

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AUG 24 1984

HOBBS OFFICE