| (Formerty 9-331) DEPARTI                                                                                                                                                                                                     | USTTED STATES  M. I OF THE INTERI U OF LAND MANAGEMEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                             | 5. LEASE DESIGNATION AND SERIAL NO.  LC-029426-B                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                              | ICES AND REPORTS (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                                     |
| OIL GAS WELL OTHER                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                   | 7. UNIT AGREEMENT NAME                                                                   |
| 2. NAME OF OPERATOR  Hondo Oil & Gas Compai  3. ADDRESS OF OPERATOR                                                                                                                                                          | ny /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RECEIVED                                                                                                                                                                                                                                                                                          | 8. FARM OR LEASE NAME H. E. West "B" 9. WELL NO.                                         |
| P. O. Box 2208, Roswell, NM 88202  1. LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.) At surface  1980' FNL & 1980' FEL                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State regular 30. '89  O. C. D.                                                                                                                                                                                                                                                                   | 15 10. FIELD AND POOL, OR WIEDCAT Grayburg Jackson (*) 11. SEC., T., E., M., OR BLE. AND |
| 1900 PML & 1900 PML                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | artesia, corrice                                                                                                                                                                                                                                                                                  | Sec.10-T17S-R31E                                                                         |
| 14. PERMIT NO.                                                                                                                                                                                                               | 15. ELEVATIONS (Show whether DF 3919' GL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                   | 12. COUNTY OR PARISH 13. STATE Eddy NM                                                   |
| 16. Check Ap                                                                                                                                                                                                                 | propriate Box To Indicate N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | lature of Notice, Report, or t                                                                                                                                                                                                                                                                    | Other Data                                                                               |
| FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPE  proposed work. If well is direction  nent to this work.)  4/21-30/89 Drilled 4  Ran CBL.  perforated  out cement  liner, top | CLL OR ALTER CASING ALLETIPLE COMPLETE ABANDON* CHANGE PLANS  BATIONS (Clearly state all pertinent nally drilled, give subsurface locat  3/4" hole from old T Found top of cement 1 3230' with 4 shots. L and CIBP. Circulate of liner @ 3119'. Orilled out 423' of complete the control of the con | WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING  (Other) Deepened &  (NOTE: Report result Completion or Recount details, and give pertinent dates ions and measured and true vertice  D of 3728' to new TD  3290'. Set CIBP @  Squeezed with 150 ed hole clean. Ran Cemented with 50 sx. | of 3952'. 3320' and sx. Drilled 834' 4" FJ                                               |
| 18. I hereby certify that the foregoing is SIGNED ON                                                                                                                                     | HU9 TITLE E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ngineer                                                                                                                                                                                                                                                                                           | DATE 5/18/89                                                                             |
| CONDITIONS OF APPROVAL, IF A                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                   |                                                                                          |

\*See Instructions on Reverse Side

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