APPROVED BY TITLE TOTALE CONDITIONS OF APPROVAL, IF ANY:				**/\ <u>\</u>	MAY 2. 6 1999		
(This space for Federal or State office use)					THE FOR RECORD		
SIGNED -C	n Sign	TITLE	Engineer		<b>DATE</b> 5/:	19/89	
18. I hereby certify that							
5/2-	well open	to 3731' and de	nd retainer @ 3447 eepened to new TD -3853' with 4000 g	of 3856'.	Acidized		
REPAIR WELL  (Other)  17. DESCRIBE PROPOSED OR ( proposed work. If v nent to this work.) *	OMPLETED OPERATIO	E PLANS	(Other) Deepo (Note: Rep Completion of the details, and give pertinuous and measured and the details of the det	ened well ort results of mu or Recompletion l nent dates, includ	ABANDONME Itiple completion Report and Log fo ling estimated da hs for all marker	on Well rm.)	
TEST WATER SHUT-OFF	MULTI	OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATM	1-11	REPAIRING C	ASING	
Check Appropriate Box To Indicate Nature of Not				SUBSEQUENT REPORT OF:			
18.	CL I A	3871'		Edd		NM	
14. PERMIT NO.	15.	ELEVATIONS (Show whether	er DF, RT, GR, etc.)		C.9-T17S-R3		
1. LOCATION OF WELL (Rep See also space 17 below At surface 660 ' FSL & 19	. ,	and in accordance with	O. C. D.  ARTESIA, OFFICE	Grayburg Jackson 6. C. D.  Grayburg Jackson 6. O. C. D.  11. SEC., T., R., M., OB BLE. AND  SURVEY OF ARMA			
Hondo Oil & G  3. ADDRESS OF OPERATOR  P. O. Box 220	8 Roswell	NM 88202	MIN O.3 too		BLL NO.		
OIL X GAS WELL Z. NAME OF OPERATOR	OTHER		RECEIVED	8. FA	RM OR LEASE NAME. West "B	48	
		AND REPORTS  drill or to deepen or ple FOR PERMIT for any	S ON WELLS ug back to a different reservo	ir.	IIT AGREEMENT NA		
Form 31605 November 1983) Formerly 9-331)	Ui DEPARTMEN BUREAU OF	ED STATES IN I OF THE IN 106 LAND MANAGE A	OIL CRESUIT COMMING: 10ther instruction EMONRAGE State psie, 88210	on re- 5. LE	Budget Bureau Expires August ABE DESIGNATION 1-029426-B INDIAN, ALLOTES	AND BERIAL NO	

\*See Instructions on Reverse Side CARLSBAD, NEW MEN