

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction
verse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004--01
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO
LC-029426-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OIL WELL ☐ GAS WELL ☐ OTHER ☒ WIW
2. NAME OF OPERATOR
Hondo Oil & Gas Company
3. ADDRESS OF OPERATOR
P. O. Box 2208, Roswell, NM 88202
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
660' FNL & 660' FEL

RECEIVED

JUN 08 '89

O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H. E. West "B"

9. WELL NO.

28

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

11. SEC., T., R., M., OR B.L.K. AND
SURVEY OR AREA

Sec. 9-T17S-R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3909' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)

We plan to perforate additional holes in the present formation.

RECEIVED

JUN 10 10 00 AM '89

Submitted to
LBO Approval
by State

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

SIGNED

TITLE

Engineer

DATE

5/26/89

(This space for Federal or State office use)

APPROVED BY

FOR:

DATE

6-7-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side