

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instructions on reverse 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 depth. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ WIW

2. NAME OF OPERATOR **OCT 17 '89**
Hondo Oil & Gas Company / **O. C. D.**

3. ADDRESS OF OPERATOR **ARTESIA, OFFICE**
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
900' FNL & 2310' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3700' GR

5. LEASE DESIGNATION AND SERIAL NO. **LC-029426-A**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
H. E. West "A"

9. WELL NO.
13

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARRA
Sec. 3-T17S-R31E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>deepened and ran pkr. & tbg.</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.) *

9/15-26/89 Drilled out from old TD of 3700' to new TD of 3950' with a 3 7/8" bit.

9/27/89 Perforated 3574-3689' with 13 shots. Acidized 3574-3689' with 8000 gal. diesel emulsified acid + 5050# rock salt. Flowed and swabbed well back.

9/28/89 Perforated 3369-3550' with 28 shots. Acidized 3369-3550' with 4000 gal. 15% NEFE acid. Swabbed well back.

9/29/89 Ran in hole with Guiberson ER-6 packer and 104 jts. 2 3/8" plastic-coated tubing and set @ 3209'. Well ready for injection. (Tested to 300 psi for 15 min. - held okay.)

RECEIVED
OCT 6 11 12 AM '89
CARLSBAD AREA OFFICE

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

SIGNED Lisa Bohannon TITLE Engineering Technician DATE 10/4/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 13 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO

