

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved. 4/51
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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Hondo Oil & Gas Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202 O. C. D.</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2380' FSL & 1680' FWL</p> <p>14. PERMIT NO. API 30-015-26484</p>		<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">DEC 7 '90</p> <p style="text-align: center;">OFFICE</p> <p style="text-align: right;">Ut K</p> <p>5. LEASE DESIGNATION AND SERIAL NO. NM-10191</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME East Shugart Unit</p> <p>8. FARM OR LEASE NAME East Shugart</p> <p>9. WELL NO. 33</p> <p>10. FIELD AND POOL, OR WILDCAT Shugart Yates, 7R-Qn-Grbg</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-T18S-R31E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE NM</p>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3619' GR			

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) <input 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.)*

Perforated 3716', 3717', 3720', 3722', 3726', 3727', 3736', 3742', 3743', 3747', 3748',
3754', 3762', 3763', 3764', 3772', 3776', 3777', 3778', 3779', 3780', 3784',
3787', 3791', 3793', 3798', 3800', 3806', 3807' & acidized w/ 4000 gals 15%
NeFe, ISIP 1260 psi

RECEIVED
DEC 4 11 52 AM '90
CARL AREA

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

SIGNED [Signature] TITLE Petroleum Engineer DATE 11/30/90

(This space for Federal or State office use)

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

*See Instructions on Reverse Side