

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

H. SMITH WELL PERMIT  
(Other instructions on  
Box 1980)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-080219

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.)

MAY 8 4 43 AM '92

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
FROSTMAN OIL CORPORATION

3. ADDRESS OF OPERATOR  
Post Office Drawer W, Artesia, NM 88211-7522

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

1980 FNL 660 FEL

14. PERMIT NO.  
H

15. ELEVATIONS (Show whether DF, RT, GM, etc.)

7. UNIT AGREEMENT NAME

8. NAME OR LEASE NAME  
Hondo Federal

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
SE Chaves Queen Gas Area Assoc

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
T13S, R31E

Sec 21: SE/4 NE/4

12. COUNTY OR PARISH 13. STATE  
Chaves 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   
FRACTURE TREAT   
SHOOT OR ACIDIZE   
REPAIR WELL

PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON\*   
CHANGE PLANS

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING

REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*

(Other) Water Disposal

(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.)\*

Produced water to be stored in a fiberglass tank on location.  
Hauled to Loco Hills Water disposal. The existing pit will be filled in.



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I hereby certify that the foregoing is true and correct

SIGNED Clayton J. Smith

TITLE President

DATE 5/7/92

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
PETER W. CHESTER  
DATE  
MAY 15 1992  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side

**RECEIVED**

**MAY 18 1992**

**OCD HOBBS OFFICE**