## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, .inerals and Natural Resources Department

Form	C	-1(	0.	1
Revise	ed	1-	1	-89

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I	Revis	ed 1	-1-89

District Office	Revised 1-1-69
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 2088 DISTRICT II Santa Fe New Mexico 87504 2088	
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III	5. Indicate Type of Lease  STATE  FEE
1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.
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" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: Oil. Well. X Well Officer	
2. Name of Operator	B. C. Dickinson "D"  8. Well No.
Hondo Oil & Gas Company 3. Address of Operator	9. Pool name or Wildcat
P. O. Box 2208, Roswell, NM 88202  4. Well Location	Denton Devonian
11 h 1 m . P . 1000	80 Feet From The West Line
Surface 25	The Plant like
Township 145 Range 37E  10. Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM Lea County
Check Appropriate Box to Indicate Nature of Notice, 1	
	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	NG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C	CEMENT JOB .
OTHER: OTHER: Acidize	ed & put on pump
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, included). SEE RULE 1103.	luding estimated date of starting any proposed
4/3/90 Acidized Devonian open hole from 12298-12400 20% SXE emulsified acid + 14,000 gal. gelled using 1400# rock salt.	with 12,000 gal. 10#/gal. brine
4/4/90 Ran 311 jts. 2 7/8" tubing and a Reda 600 pum 9980'. Started well pumping.	np and set TAC @
•	
I hereby certify that the jaformation above the true and complete to the best of my knowledge and belief.	
SIGNATURE DISA DONALINOU TITLE Engineering	Technician DATE 7/19/90
TYPE OR PRINT NAME Lisa Bohannon	505/625-6739 TELEPTIONE NO.
(This space for State Use)	କ୍ଷ୍ୟ ଓ <b>ଅଧି</b>
APPROVED BY	DATE
CONDUCTION OF APPROVAL TRANSP	