

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Hondo Oil & Gas Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL <i>Unit L</i></p> <p>14. PERMIT NO. _____</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-04452</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____</p> <p>7. UNIT AGREEMENT NAME _____</p> <p>8. FARM OR LEASE NAME West Pearl Federal</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Pearl Queen</p> <p>11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 27-T19S-R34E</p> <p>12. COUNTY OR PARISH Lea Co.</p> <p>13. STATE NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3720.7' GR</p>	

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 COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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) _____	
(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.)*

Howco frac 5½" csg perms from 4784' to 4859' w/ 30,000 gals 70 quality foamed CO₂, 8 tons CO₂ + 45,000 lbs. 20/40 sand + 16,000 psi 16/30 curable resin coated sand down 2 7/8" tbg pkr @ 4714', ISIP 2382 psi.

Perforated 4548' to 4552'. Acidized w/ 500 gals 15% NeFe.

RECEIVED
OCT 2 1991

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

SIGNED E. L. Buttross Jr. TITLE Petroleum Engineer DATE 01/21/91
E. L. Buttross, Jr.

(This space for Federal or State office use)

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

***See Instructions on Reverse Side**