

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME 891007465C
2. NAME OF OPERATOR Hondo Oil & Gas Company	Mescalero Ridge 7 Rivers
3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202	8. FARM OR LEASE NAME Mescalero Ridge Unit 35
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 990' FEL Unit I	9. WELL NO. #9
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Pearl Seven Rivers
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3712' GL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35-T19S-R34E
	12. COUNTY OR PARISH Lea Co.,
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Squeeze cmt. 7-Rivers	<input type="checkbox"/>		<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)

(1.) Squeeze cmt. 7 Rivers perfs 4003'-4015' w/ 100 sx.

(2.) Perforate 7 Rivers @ 3926'-3944'.

(3.) Acidize & Frac 7 Rivers perfs 3926'-3944'.

(4.) Install pumping equipment & test.

The estimated date of starting the proposed work is 03/25/91.

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

SIGNED E. L. Buttross, Jr.
E. L. Buttross, Jr.

TITLE Petroleum Engineer

DATE 03/18/91

(This space for Federal or State office use)

APPROVED BY Only Given to State Engineer
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 3-27-91

*See Instructions on Reverse Side