

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
DRAWER 88210
ARTESIA, NM 88210

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"/>		RECEIVED		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		AUG 28 '89		8. FARM OR LEASE NAME	
Hondo Oil & Gas Company				H. E. West "A"	
3. ADDRESS OF OPERATOR				9. WELL NO.	
P. O. Box 2208, Roswell, NM 88202				11	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		ARTESIA, OFFICE		10. FIELD AND POOL, OR WILDCAT	
1980' FNL & 1980' FEL				Grayburg Jackson	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH	
		3972' GR		Eddy	
				13. STATE	
				NM	

18. 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>ran tbq. & pump</u>	X
(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.) *

8/11/89 Ran 126 jts. 2 3/8" tbq. with SN set @ 3898'.

8/12/89 Ran 20' x 2" x 1 1/2" pump.

8/13/89 Hung well on pump.

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

SIGNED Disa Bohannon

TITLE Engineering Technician

DATE 8/16/89

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side