SUNDRY NOTICES AND REPORTS ON SILES SECTION (100 not use this form for proposals to drill or to deepen or plug back to a different RECEIVED) OIL X GAS Use "APPLICATION FOR PERMIT" for such proposals.) OIL X WELL OTHER NAME OF OPERATOR HONDO OIL & Gas Company ADDRESS OF OPERATOR P. O. BOX 2208, ROSWell, NM 88202 LOCATION OF WELL, (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Gray Durg Jackson 11. SEC., T., E., M., OR BLE. AND SURVEY OR ARISE Sec. 10-T17S-R31E 12. COUNTY OR PARISH 13. STATE B. FARM OR LEASE NAME H. E. West "B" 9. WELL NO. 21 10. FIELD AND FOOL, OR WILDCAT Gray Durg Jackson 11. SEC., T., E., M., OR BLE. AND SURVEY OR ARISE Sec. 10-T17S-R31E 12. COUNTY OR PARISH 13. STATE Eddy NM		UN TO STA PARTMEN OF TH BUREAU OF LAND MA	E INTERIOR	(Other Instance)	TE* E	onn approved. Budget Bureau l xpires August BE DESIGNATION 029426-B	31, 1985	
WELL WELL OTHER NAME OF OPERATOR HONGO Oil & Gas Company APR 26 '89 Hondo Oil & Gas Company O. C. D. ARIBSIA OFFICE LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) A surface 660' FSL & 660' FWL See Also Space 17 below.) 15. ELEVATIONS (Show whether of, RT, GR, etc.) 3889' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER BHUT-OFF PRACTURE TREAT SIDNOT OR ACIDIZE BEFAIRING WELL CHANGE PLANS (Other) Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SUBBRQUENT REPORT OF: WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE BEFAIRING WELL CHANGE PLANS (Other) COMPLETE ABKNOON* SHOW WELL SHOW TO A STATE ABKNOON* SHOW WELL SHOW THE REPORT OF: WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE BEFAIRING WELL CHANGE PLANS (Other) COMPLETE OTHER OF INTENTION TO: SUBBRQUENT REPORT OF: WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE BEFAIRING WELL CHANGE PLANS (Other) COMPLETE OF INTENTION TO: SUBBRQUENT REPORT OF: WATER SHUT-OFF PRACTURE TREATMENT SHOOT OR ACIDIZE SHOW THE REPORT OF INTENTION WELL ALTERING CASING ABANDON WELL (Other) COMPLETE OF INTENTION TO: SUBBRQUENT REPORT OF: WATER SHUT-OFF PRACTURE TREATMENT SHOOT OR ACIDIZE OF INTENTION TO: (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	SUNDRY	NOTICES AND RI	EPORTS ON	WELLS MA 8821 o a different RECEIVE	8 IF I		OR TRIBE NAME	
ADDRESS OF OPERATOR P. O. BOX 2208, Roswell, NM 88202 ARFSIA, OFFICE LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface 660' FSL & 660' FWL 6. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE ABARMON* SHOOTING OR ACIDIZE OWNELL RO. (Other) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 7. DENSITE PROPRIESE OF COMPLETE OFFICE ABARMON SHOOTING OR ACIDIZE ABARMON Well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and gones pertinent to this work.)*		OTHER		APR 26 1			•	
P. O. Box 2208, Roswell, NM 88202 Location of vell, (Report location clearly and in accordance with any State requirements.* At surface See also appear 17 below.) At surface 660' FSL & 660' FWL 15. Elevations (Show whether of, st. os., etc.) 3889' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of intention to: TEST WATER SHUT-OFF FRACTURE TREAT MILTIPLE COMPLETE ABANDON BEPAIR WELL CHANGE PLANS CHANGE PLANS CHANGE PLANS COUNTY OR PARISH WATER SHUT-OFF REPAIR WELL CHANGE PLANS COUNTY OR ALLER CASING MALTERING CASING SUBBRQUENT BEFORE OF: WATER SHUT-OFF REPAIR WELL CHANGE PLANS (Other) Completion or Recompletion Report and Log form.) 7. DESCRIBE PROPUSED OR COMPLETED DEBATIONS (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 sones pertinent to this work.)*					н.	H. E. West "B"		
Location of Well. (Report location clearly and in accordance with any State requirements.* See also apare 17 below.) At surface 660' FSL & 660' FWL 4. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3889' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT NULTIPLE COMPLETE ABKNDON' REPAIR WELL (Other) (Oth				O. C. D.	9. WBI	L NO.		
11. SEC., T. E., M., OR BEK. AND SUBVET OR AREA Sec. 10-T17S-R31E 12. COUNTY OR PARISH 13. STATE NO. (Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZE ABANDON* (Other) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 7. DESCRIBE PROPUSED OR COMPLETE OF SEATIONS (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.)*	4. LOCATION OF WELL (Report See also space 17 below.)		ance with any State	ARTESIA, OFF	10, 711			
4. FERMIT NO. 15. ELEVATIONS (Show whether DF, RT, DR, etc.) 3889 GR Eddy NM Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL CHANGE FLANS (Other) (Other) (Note: Report results of multiple completion on Well Completion or Recompletion or Note and Log form.) To 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.)* A/15/89 Acidized perfs. 3576-3709' with 3000 gal. 15% NEFE acid.	660' FSL & 660' F	WL			11. 82	C., T., R., M., OR B		
6. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL OTHER CASING ABÁNDON* REPAIR WELL OTHER CHANGE PLANS (Other) CHANGE PLANS (Other) Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SUBSEQUENT EMPORT OF: WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING X ABANDONMENT* (Other) COMPLETE OF INTENTIONS (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.)*	14. PERMIT NO.	how whether DF BT o	her DE BT OR etc.)					
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE CONPLETE FRACTURE TREAT SHOOT OR ACIDIZE ABÁNDON* SHOOTING OR ACIDIZING (Other) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 7. 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.) 4/15/89 Acidized perfs. 3576-3709! with 3000 gal. 15% NEFE acid.				•	}			
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE BIGOT OR ACIDIZE ABAMDON* REPAIR WELL (Other) TOTALE TOTALE TOTALE TREATMENT ALTERING CASING ABAMDONMENT* (Other) TOTALE TOTALE TOTALE TREATMENT ALTERING CASING ABAMDONMENT* (Other) TOTALE	16.	Ь!. А P Т					1 1411	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZD REPAIR WELL CHANGE PLANS (Other) 7. DESCRIBE PROPUSED 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.) WATER SHUT-OFF REPAIRING WELL ALTERING CASING (Other) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 7. DESCRIBE PROPUSED 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.) 4/15/89 Acidized perfs. 3576-3709' with 3000 gal. 15% NEFE acid.			naicaie izatur					
FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS (Other) (Other) Change Plans (Other) Tobescribe 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.) 4/15/89 Acidized perfs. 3576-3709 with 3000 gal. 15% NEFE acid.	r-	_1	r—1	SUE	THE THRUDASS	ORT OF:		
BHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING X ABANDONMENT* (Other) (Other) (Other) (Ompletion or Recompletion Report and Log form.) 7. 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 gones pertinent to this work.) 4/15/89 Acidized perfs. 3576-3709' with 3000 gal. 15% NEFE acid.			NG					
REPAIR WELL (Other) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 7. 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.) 4/15/89 Acidized perfs. 3576-3709' with 3000 gal. 15% NEFE acid.	ļ				$\left \frac{1}{X} \right $			
Completion or Recompletion Report and Log form.) 7. 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.) 4/15/89 Acidized perfs. 3576-3709' with 3000 gal. 15% NEFE acid.						ABANDUNMEN		
7. 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.) 4/15/89 Acidized perfs. 3576-3709' with 3000 gal. 15% NEFE acid.	(Other)			(Notr: Report re Completion or Rec	sults of multi ompletion Re	iple completion of port and Log for	on Well	
Trowed and swapped well pack.	nent to this work.) • 4/15/89 Acid.	ized perfs. 3576-3	3709' with 3	and measured and true ve	ertical depths	g estimated date for all markers	of starting any and zones perti-	
	FIOW	ed and swapped wel	il pack.					

*See Instructions on Reverse Side

Engineering Technician

SJS CARLSBAD, NEW MEXICO

ACCEPTED FOR RECORD

APR 2 | 1989

DATE 4/19/89

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

(This space for Federal or State office use)

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY: