

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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(Other instructions  
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Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

155

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 OCT 17 '89 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. LC-029426-B	
2. NAME OF OPERATOR Hondo Oil & Gas Company			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202			7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FEL			8. FARM OR LEASE NAME H. E. West "B"	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3942' GR		9. WELL NO. 24
				10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-T17S-R31E
				12. COUNTY OR PARISH Eddy
				13. STATE NM

16. 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 type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	ran tubing & pump and convert	<input checked="" 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.)

9/01/89 Perforated 3750-3877' with 24 holes. Acidized 3750-3877' with 3000 gal. 15% NEFE acid. Swabbed well back.

9/02/89 Reacidized 3750-3877' with 6000 gal. 20% CRA acid. Swabbed well back.

9/06/89 Perforated 3602-3730' with 26 holes. Acidized 3602-3730' with 3000 gal. 15% NEFE acid. Swabbed well back.

9/07/89 Reacidized 3602-3730' with 6000 gal. 20% CRA acid. Swabbed and flowed well back.

9/08/89 Perforated 3375-3576' with 31 shots. Acidized 3375-3576' with 6000 gal. 15% NEFE acid. Swabbed well back.

9/27/89 Ran 100 jts. 2 7/8" tubing with SN set @ 3236'.

9/28/89 Hung well on 2" x 1 1/2" x 16' RWTC pump.

OCT 6 11 11 AM '89  
CARLSBAD  
NEW MEXICO

RECEIVED

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

SIGNED Risa Behannon TITLE Engineering Technician DATE 10/4/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 13 1989

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO