

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions
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 subsurface.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		JUN 27 '88	
2. NAME OF OPERATOR Hondo Oil & Gas Company		O. C. D.	
3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2080' FSL & 660' FEL		5. LEASE DESIGNATION AND SERIAL NO. LC-029435-B	
14. PERMIT NO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3748.2' SJS 3745' GL		7. UNIT AGREEMENT NAME	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		8. FARM OR LEASE NAME J. L. Keel "B" Federal	
		9. WELL NO. 38	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input checked="" type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)

5/25-26/88 Spudded well at 7 p.m. 5/25/88. Drilled 12 1/4" hole to 424'. Ran 10 jts. 8 5/8" 24# J-55 casing and set @ 422'. Cemented with 300 sx. Class C with 2% CC. Cement did not circulate. WOC 6 hrs. Ran temperature survey. Indicated TOC @ 180'. Ran 1" tbq. to 161', TOC. Cemented with 98 sx. Class C with 2% CC. Cement circulated, then fell back. WOC 2 1/2 hrs. Ran 1" down backside to TOC @ 45'. Cemented with 20 sx. Class C with 2% CC. Cement circulated and stayed @ surface. WOC 16 hrs. Drilled out shoe. Tested BOP and shoe to 500 psi for 30 min. Held okay.

RECEIVED
JUN 8 10 54 AM '88
C.A.B.
AREA

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

SIGNED Ron E. Egan TITLE Engineer DATE 6-6-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side