

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN FORM
(Other Instructions
verse side)

DATE
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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. <input checked="" type="checkbox"/> OIL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Londo Oil & Gas Company		8. FARM OR LEASE NAME H. E. West "B"	
3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202		9. WELL NO. 39	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FWL		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
5. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-T17S-R31E	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3881' GL		12. COUNTY OR PARISH Eddy	
		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 type="checkbox"/>	MULTIPLE COMPLETE	<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 checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" 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.)

1/24/89 Perforated 3253-3420' with 55 shots. Acidized 3253-3420' with 4000 gal. 15% NEFE acid. Reacidized 3253-3420' with 4000 gal. 15% NEFE acid. Swabbed well back.

1/26/89 Frac'd 3253-3420' with 60,000 gal. 30# x-linked gel + 110,000# 20-40 sand. Flowed well back.

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

SIGNED Ron Brown

TITLE Engineer

DATE 1/26/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

JAN 31 1989

*See Instructions on Reverse Side

SJS

CARLSBAD, NEW MEXICO

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-013
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"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-029426-B
2. NAME OF OPERATOR Hondo Oil & Gas Company	6. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202	7. FARM OR LEASE NAME H. E. West "B"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FWL	8. WELL NO. 39
	9. FIELD AND POOL, OR WILDCAT Grayburg Jackson
	10. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-T17S-R31E
14. PERMIT NO.	12. COUNTY OR PARISH Eddy
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3881' GR	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 type="checkbox"/>	MULTIPLE COMPLETE	<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"/>		

SUBSEQUENT REPORT OF:

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

1/11/89 Perforated 3700-3815' with 14 holes.
1/12/89 Acidized 3700-3815' with 1000 gal. 15% NEFE acid. Flowed and swabbed well back.
1/13/89 Perforated 3654-3762' with 36 holes. Acidized 3654-3752' with 1000 gal. 15% NEFE acid. Swabbed well back.
1/14/89 Acidized 3654-3815' with 6000 gal. 20% CRA acid. Flowed and swabbed well back.
1/17/89 Perforated 3458-3623' with 58 holes.
1/18/89 Acidized 3458-3623' with 5000 gal. 15% NEFE acid.
1/19/89 Frac'd 3458-3612' with 60,000 gal. 30# cross-linked gel + 130,000# 20-40 sand. Flowed well back.

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

SIGNED Ron Brown TITLE Engineer

DATE 1/19/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

JAN 21 1989

*See Instructions on Reverse Side

SJS
CARLSBOLD, NEW MEXICO