

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instruction reverse side)

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

dsf

5. LEASE DESIGNATION AND SERIAL NO.
8910089700 *W.M. 7719*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
West Red Lake Unit

8. FARM OR LEASE NAME

9. WELL NO.
15

10. FIELD AND POOL, OR WILDCAT
Red Lake Qn-Grbg-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 7-T18S-R27E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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 GAS WELL OTHER

2. NAME OF OPERATOR
Hondo Oil & Gas Company ✓

3. ADDRESS OF OPERATOR
P. O. Box 2208, Roswell, NM 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
2310' FNL & 990' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)*

- 5/4-7/90 Cleaned well out to 1734'
- 5/8/90 Acidized with 2000 gal. 15% NEFE acid to clean well up. Swabbed well back.
- 5/9/90 Cleaned well out to 1737' with bailer. RECEIVED
- 5/10/90 Hung well on pump.

JUL 27 '90

C. C. D.
AREA OFFICE

ACC
Ad

JUL 24 11 43 AM '90
CARLE AREA OFFICE

RECEIVED

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

SIGNED *Lisa Bohannon* TITLE Engineering Technician DATE 7/19/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side