

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

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"  
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Lee Whitman "B"

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

8. Well No.

7

2. Name of Operator  
Hondo Oil & Gas Company

9. Pool name or Wildcat

Denton Devonian

3. Address of Operator  
P. O. Box 2208, Roswell, NM 88202

4. Well Location  
Unit Letter 0 : 330 Feet From The South Line and 1650 Feet From The East Line

Section 23 Township 14S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3825' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
TEMPORARILY ABANDON  CHANGE PLANS   
PULL OR ALTER CASING   
OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK  ALTERING CASING   
COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
CASING TEST AND CEMENT JOB   
OTHER:

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Treated Devonian perms 12,544'-12,648' w/ 3000 gals 10# gelled brine w/ 2 drums scale inhibitor, 12,000 gals 20% X-linked gelled acid, 3000 gals 20% NeFe acid, flush w/ 80 bbls. 2% KCL water, ISIP 1150 psi. RIH w/ 2 1/2" X 1 1/2" X 35' RHBM pump, put on production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Karla LeJeune TITLE Regulatory Secretary DATE 04/30/91  
TYPE OR PRINT NAME Karla LeJeune TELEPHONE NO. (505) 625-6745

(This space for State Use)  
Original by Paul Kautz  
Geologist

MAY 02 1991

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: