

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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

45F

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.<br>NMLC029342C                    |  |
| 2. NAME OF OPERATOR<br>Hondo Oil & Gas Company   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                  |  |
| 3. ADDRESS OF OPERATOR<br>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.*<br>See also space 17 below.)<br>At surface<br>330' FNL & 990' FWL |  | 8. FARM OR LEASE NAME<br>W. D. McIntyre "C"                           |  |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>1  |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)   |  | 10. FIELD AND POOL, OR WILDCAT<br>Grayburg Jackson 7R-Qn-Grbg-SA      |  |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 21-T17S-R30E |  |
|  |  | 12. COUNTY OR PARISH<br>Eddy  |  |
|  |  | 13. STATE<br>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 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.)\*

5/22/90 Perforated 3240-3280' with 41 shots. Acidized 3240-3280' with 4000 gal. 15% NEFE acid + 82 ball sealers. Swabbed back.

5/24/90 Frac'd 3240-3280' with 22,000 gal. gelled 2% KCL water + 21,000# 20/40 sand + 12,000# 12/20 sand. Swabbed back.

5/30/90 Ran 2" x 1 1/2" x 16' RWBC pump and 101 jts. 2 3/8" tubing with the seating nipple set @ 3240'.

5/32/90 Hung well on and started pumping.

RECEIVED  
JUL 24 11 45 AM '90  
CARL AREA

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

SIGNED Lisa Behannon TITLE Engineering Technician DATE 7/20/90

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side