

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
Artesia, NM
SUBMIT 188210-ICATE*
(See other instructions on reverse side)

Form approved,
Budget Bureau No. 1004-0137
Expires August 31, 1985

RECEIVED
DATE OF SUBMISSION AND SERIAL NO.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☒ PLUG BACK ☐ DIFF. RESVR. ☐ 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)*

At surface

660' FSL & 660' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

5/15/89

15. DATE SPUDDED

NA

16. DATE T.D. REACHED

6/27/89

17. DATE COMPL. (Ready to prod.)

7/19/89

18. ELEVATIONS (OF, RKB, RT, GR, ETC.)*

3928' GR

20. TOTAL DEPTH, MD & TVD

3978'

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

3673-3978'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)*

3333-3523', 3546-3742', 3792-3961' Grayburg San Andres

26. TYPE ELECTRIC AND OTHER LOGS RUN

CBL/CET, CNL/FDC

25. WAS DIRECTIONAL SURVEY MADE

No

27. WAS WELL CORED

No

29. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10 3/4"	28.52#	765'		100 sx.	
5 1/2"	15.5&17#	3673'		100 sx.	

Post ID-2
18-27-89
Deepen

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
4"	3264'	3980'	75 sx.		2 3/8"	3894'	

31. PERFORATION RECORD (Interval, size and number)

3792-3961' 24 shots

3546-3742' 36 shots

3333-3523' 34 shots

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3792-3961'	3000 gal. 15% NEFE acid
3792-3961'	6000 gal. 20% CRA acid
3546-3742'	4000 gal. 15% NEFE acid
3546-3742'	25,000 gal. x-linked gel +

33.* PRODUCTION

42,000# 20-40 sand

CONT.

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				42,000# 20-40 sand		CON
7/26/89		Pumping 2" x 1 1/2" x 20' RWBC				WELL STATUS (Producing or shut-in)		
						Producing		
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
7/26/89	24		→	30	20	50		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
		→						

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold

TEST WITNESSED BY

Wade White

35. LIST OF ATTACHMENTS

ACCEPTED FOR RECORD

SJS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

OCT 12 1989

SIGNED

[Signature]

TITLE

Petroleum Engineer

DATE 10/5/89

*(See Instructions and Spaces for Additional Data on Reverse Side)

CARLSBAD, NEW MEXICO

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, flowing and shut-in pressures, and recoveries):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH

32. 3333-3523' 4000 gal. 15% NEFE acid
3333-3523' 26,000 gal. 30# cross-linked gel + 40,000#
20-40 sand

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL 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..." for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Hondo 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. 16	
1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FWL		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3928' GR	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☒	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ran tbg. & pump	(Other) ☒
(Other) ☐			

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.)

7/06/89 Perforated 3792-3961' with 24 shots. PBTD 3977.
7/08/89 Acidized 3792-3961' with 3000 gal. 15% NEFE acid. Swabbed well back. Reacidized 3792-3961' with 6000 gal. 20% CRA acid. Flowed well back.
7/11/89 Perforated 3546-3742' with 36 shots.
7/12/89 Acidized 3546-3742' with 4000 gal. 15% NEFE acid. Flowed and swabbed well back.
7/13/89 Frac'd 3546-3742' with 25,000 gal. cross-linked gelled water + 42,000# 20-40 sand. Flowed and swabbed well back.
7/18/89 Perforated 3333-3523' with 34 holes. Acidized 3333-3523' with 4000 gal. 15% NEFE. Swabbed well back.
7/19/89 Frac'd perms. 3333-3523' with 26,000 gal. 30# cross-linked gelled water + 40,000# 20-40 sand. Flowed and swabbed well back.
7/22/89 Ran 2 3/8" tubing and set @ 3894'. SN set @ 3893'.
7/25/89 Hung on 2" x 1 1/2" x 20' RWBC pump.

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

SIGNED Aisa Delanosa

TITLE Engineering Technician

DATE 8/4/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side