

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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 well where a permit is required. Use "APPLICATION FOR PERMIT—" for such purposes.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW		5. LEASE DESIGNATION AND SERIAL NO. LC-029435-B
2. NAME OF OPERATOR Hondo Oil & Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 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. See also space 17 below.) At surface  660' FSL & 1980' FEL		8. FARM OR LEASE NAME J. L. Keel "B"
14. PERMIT NO.		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3743' GR		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 8-T17S-R31E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☒ csg. testREPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐☒ X

(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.) \*

7/24/89 Tested annulus to 320 psi for 15 min. - held okay. See attached chart.

RECEIVED

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

SIGNED Risa ShannonTITLE Engineering TechnicianDATE 8/18/89

(This space for Federal or State office use)

APPROVED BY (ORIG. SCD) DAVID R. GLASS  
CONDITIONS OF APPROVAL, IF ANY:

DATE

C-100

\*See Instructions on Reverse Side

