

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>WIW</u>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Hondo Oil &amp; Gas Company</u>		8. FARM OR LEASE NAME <u>H. E. West "B"</u>	
3. ADDRESS OF OPERATOR <u>P. O. Box 2208, Roswell, NM 88202</u>		9. WELL NO. <u>20</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660' FSL &amp; 1980' FEL</u>		10. FIELD AND POOL, OR WILDCAT <u>Grayburg Jackson</u>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 10-T17S-R31E</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3906' GR</u>		12. COUNTY OR PARISH <u>Eddy</u>	
		13. STATE <u>NM</u>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>converted to injection</u> <input checked="" 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.) \*

8/30-31/89 Pulled rods and tubing out of hole. Ran in hole with Guiberson ER-6 packer and 104 jts. 2 3/8" fiberglass tubing and set @ 3114'. Well ready for injection. (Casing test chart on file at NMOCD-Artesia.)

ACCEPTED FOR RECORD

OCT 12 1989

SJS  
CARLSBAD, NEW MEXICO

OCT 11 11 45 AM '89  
CARLSBAD AREA OFFICE

RECEIVED

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

SIGNED Lisa Behannon

TITLE Engineering Technician

DATE 10/4/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side