UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP]
(Other Instruction:
verse side)

TE*
re-

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

c/sf

5. LEASE DESIGNATION AND SERIAL NO.

LC-029426-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☐ OTHER WIW	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. 21

OCT 17 '89

O. C. D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State ARTESIA, OFFICE
See also space 17 below.)
At surface

660' FSL & 660' FWL

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec.10-T17S-R31E

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3889' GR	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	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) convert to injection			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.) *

6/28/89   Pulled tubing and pump out of hole. Ran in hole
with Guiberson packer and 2 3/8" plastic-coated
tubing and set both @ 3207'. (Casing test chart
on file at NMOCD-Artesia.)

RECEIVED
OCT 11 11 45 AM '89
CASE
ARE...

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

SIGNED _Lisa Bohannon_   TITLE _Engineering Technician_   DATE 10/4/89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 12 1989

SJS

***See Instructions on Reverse Side**

CARLSBAD, NEW MEXICO