

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
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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. LC-029426-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' FNL & 1980' FEL		8. FARM OR LEASE NAME H. E. West "B"	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3950' DF		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.10-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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	FULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<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"/>		

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) drld. out, ran tbq. & pump	<input checked="" 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.) *

9/12-22/89 Drilled and cleaned out well to TD of 3950'.
9/26/89 Perforated 3800-3935' with 15 shots.
9/27/89 Acidized 3800-3935' with 3000 gal. 15% NEFE acid. Swabbed well back. Reacidized 3800-3935' with 6000 gal. 20% CRA. Swabbed well back.
9/28/89 Perforated 3380-3754' with 45 shots. Acidized with 6000 gal. 15% NEFE acid. Swabbed well back.
9/29/89 Frac'd 3380-3754' with 55,0000 gal. 20# cross-linked gel + 100,000# 20-40 sand. Swabbed well back.
9/30/89 Ran 118 jts. 2 3/8" tubing and set SN @ 3881'. Hung well on 2" x 1 1/2" X 20' pump.

RECEIVED
OCT 6 11 03 AM '89
CARLSBAD AREA OFFICE

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

SIGNED Risa Bohannon

TITLE Engineering Technician

DATE 10/5/89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE 10/13/1989

SJS
CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side