

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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

clsf

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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. 1	
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		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 10-T17S-R31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3950' DF		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"/>	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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) ran casing	
(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.) *

9/17/89 Ran 1464' of 4 1/2" 11.6# J-55 casing and tied into 4 1/2" casing stub with patch.

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

SIGNED Lisa Schannon

TITLE Engineering Technician

DATE 10/9/89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 13 1989

*See Instructions on Reverse Side

SSS
CARLSBAD, NEW MEXICO