

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruct on re-
verse side)

Form approved.
Budget Bureau No. 1004-0.
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | RECEIVED | 5. LEASE DESIGNATION AND SERIAL NO. LC-029435-B |
| 2. NAME OF OPERATOR Hondo Oil & Gas Company | AUG 22 '88 | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202 | ARTESIA, OFFICE | 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 1880' FNL & 660' FEL | | 8. FARM OR LEASE NAME J. L. Keel "B" |
| | | 9. WELL NO. 34 |
| | | 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 6-T17S-R31E |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3772.8' GL | 12. COUNTY OR PARISH Eddy |
| | | 13. STATE NM |

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) Well name change <input checked="" type="checkbox"/> | |
| (Other) <input type="checkbox"/> | | | |

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.)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

This notice is to inform you that the name of this well has been changed from the J. L. Keel "B" Federal #34 to J. L. Keel "B" #34.

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

SIGNED B. J. Stubble

TITLE Production Superintendent

DATE 8/18/88

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side