

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse side)

ATE*
a re-

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

ckf

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 ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Hondo Oil & Gas Company

3. ADDRESS OF OPERATOR
P. O. Box 2208, Roswell, NM 88202

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3772.8'

RECEIVED
SEP 19 '88
O.C.D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
LC-029435-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
J. L. Keel "B" FEL

9. WELL NO.
34

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6-T17S-R31E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL 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"/> | | |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|-------------------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input checked="" type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input 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.)

8/23-25/88 Spudded well @ 3:00 a.m. 8/23/88. Drilled 12 1/4" hole to 458'. Ran 11 jts. 8 5/8" 24# J-55 casing and set @ 458'. Cemented with 500 sx. Class "C" w/2% CC. Cement did not circulate. Plugged down @ 3:45 p.m. 8/24/88. No circulation. Ran 1" tubing to 345' and tagged cement. Cemented with 50 sx. Class "C" w/3% CC. WOC 2 hrs. Ran 1" tubing to 250'. Cemented with 125 sx. Class "C" w/3% CC. WOC 2 hrs. Ran 1" tubing to 40' and tagged cement. Cemented with 25 sx. Class "C" w/3% CC. Circulated cement. WOC 23 1/4 hrs. Drilled out shoe. Tested BOP to 500 psi for 30 min. - held okay.

RECEIVED

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

SIGNED Ron Brown

TITLE Engineer

DATE 8/25/88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE _____

SEP 13 1988

*See Instructions on Reverse Side

SJS
CARISBAD, NEW MEXICO