

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-
(Other instructive
verse side)

DATE
ON RE-

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.)

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 J. L. Keel "B"	
3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202		9. WELL NO. 34	
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		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
14. PERMIT NO.		11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA Sec. 6-T17S-R31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3772.8' GL		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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<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 type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" 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.)

9/13-14/88 Perforate 1 JSPF @ 2997, 3000, 02, 06, 16, 32, 35, 37, 41, 55, 57, 60, 63, 72, 74, 84, 92, 99, 3100, 02, 10, 12, 14, 22, 38 & 48'.
Acidized perfs. 2997-3148' w/2000 gal. 15% NEFE + 45 ball sealers.
Flowed and swabbed well back to clean up. Frac'd perfs. w/40,000 gal. 30# cross-linked gel + 100,000# 20-40 sand. Left well shut-in overnight. Flowed well back to clean up.

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

SIGNED [Signature]

TITLE Production Superintendent

DATE 9/19/88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

SJS