

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 1 LOCATE*
(Other Instruc. as on re-
verse side)

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

25F

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-029435-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, NEW MEXICO 88201	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 1980' FNL & 1980' FWL	8. FARM OR LEASE NAME J.L. Keel "B"
14. PERMIT NO.	9. WELL NO. 36
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3838' GL	10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T17S, R31E
	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico

RECEIVED BY
JUN 29 1987
O. C. D.
ARTESIAN OFFICE

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Run 5-1/2" prod. csg <input checked="" 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.) *

6/13/87 Resumed drilling 7-7/8" hole 6:30 p.m.

6/18/87 Reached total depth of 3760' 9:00 p.m. Circulated hole w/11 #/gal mud. Well flowing small amount oil and gas to surface. Did not run O.H. logs. Ran and set 92 jts 5-1/2" 15.5# J-55 LT&C csg @ 3760'. Cemented w/400 sx Light, 6% gel, 5# salt and 150 sx Class "C" w/0.5% CF-1, 2% CaCl₂. Plug down @ 9:00 p.m. 6/19/87. Cement did not circulate. WOC, TOC @ 1204' sjs

6/20/87 Cut off 5-1/2" csg and weld on head. Waiting on completion.

ACCEPTED FOR RECORD

SJS
JUN 24 1987

CARLSBAD, NEW MEXICO

RECEIVED
JUN 23 11 12 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED William D. Fulton

TITLE PETROLEUM ENGINEER

DATE 6/22/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side