

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

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

LEASE DESIGNATION AND SERIAL NO.

LC-029426-B

IF INDIAN, ALLOTTEE OR TRIBE NAME

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
1980' FSL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3900' GL

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OCT 19 '88

O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
H. E. West "B"

9. WELL NO.
32

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10-T17S-R31E

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.) *

9/20/88 Perforated 3451, 60, 63, 67, 70, 77, 82 & 84' w/1SPF. Acidized perfs. 3451-84' w/2000 gal. 15% NEFE acid.

9/21/88 Perforated 3391-3424' w/3 shots. Acidized perfs. 3391-3424' w/2000 gal. 15% NEFE acid.

9/22/88 Perforated 3314-19' w/3 shots. Acidized perfs. 3314-19' w/2000 gal. 15% NEFE acid. Flowed and swabbed well back to clean up.

9/27/88 Frac'd perforations 3314-3484' w/40,000 gal. cross-linked gel + 100,000# 20-40 sand. Flowing and swabbing well back.

OCT 4 11 10 AM '88
CARLSBAD AREA OFFICE

RECEIVED

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

SIGNED Aisa Bohannon TITLE Engineering Technician DATE 10/3/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY: _____ DATE _____

OCT 14 1988

*See Instructions on Reverse Side

SJS

CARLSBAD, NEW MEXICO