Ferm 3160-5 (November 1983) (Formerly 9-331)	UNITED STA DEPARTM: I OF TH	NTES IE INTE的	SUBMIT IN TRIPLICATE On Herse side. Co.		gust 31, 198	5	
	BUREAU OF LAND MA		Wer D) esia <i>er</i> coo-	LC-029426			
(Do not use this for	RY NOTICES AND R	eepen or plug bac	k to a different reservoir.	6. IF INDIAN, ALLO	TTEE OR TRIB	BE NAME	
OIL X GAS WELL X	OTHER			7. UNIT AGREEMENT NAME			
NAME OF OPERATOR				8. FARM OR LEASE	8. FARM OR LEASE NAME		
Hondo Oil & Gas Company			RECEIVED	H. E. Wes	H. E. West "B" 9. WBLL NO.		
P. O. Box 2208, Roswell, NM 88202  1. LOCATION OF WELL (Report location clearly, and in accordance with any State requirements, 07 '89  At surface					32 10. FIELD AND POOL, OR WILDCAT  Grayburg Jackson 52-0-6		
1980' FSL & 660' FWL O. C. D. ARTESIA, OFFICE				11. SEC., T., B., M., SURVEY OR	11. SEC., T., B., M., OR BLK. AND BURVEY OR ARMA		
14. PERMIT NO. 15. ELEVATIONS (Show whet				Sec.10-T17S-R31E 12. COUNTY OR PARISH 13. STATE		ATE	
		3900' GI		Eddy	NM		
16.	Check Appropriate Box T	o Indicate Na					
	CICE OF INTENTION TO:			SEQUENT REPORT OF:	г		
TEST WATER SHUT-OFF FRACTURE TREAT	PULL OR ALTER CASE MULTIPLE COMPLETE		WATER SHUT-OFF FRACTURE TREATMENT		NG WELL	—	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	X ABANDO	ļ-		
REPAIR WELL	CHANGE PLANS		(Other)				
(Other)	(Other) (NOTE: Report results Completion or Recomp DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates				s of multiple completion on Well sletion Report and Log form.)		
6/21/89 6/22/89	Acidized 2186-237 well back.	9' with 400	00 gal. 15% HCL ac				
6/23/89	Frac'd 2186-2379' 20 sand. Flowed			40,000# 10-			
6/27/89			3/8" tbg. and 2" x Started well pum				
				\$ 4.77 1.77	<u>.</u>		
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					<b>Spec.</b> 1.0	171	
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					Profits St. 100 1 Time Part	ΞІЛЕ	
						ED.	
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	2			+ €¥*	డ		
18. I hereby certify that th	e foregoing is true and correct						
SIGNED LEA ON COLORANO TITLE Engineering Technician				an DATE 6	DATE 6/28/89		
(This space for Federal	or State office use)			ACCEPTED FOR	RUCE 30	- <del> </del>	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:				DATE	200		
				JUN 3 0 i	383		
	*Se	e Instructions	on Reverse Side	SUS	معارب مري		