

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instruction  
verse side)

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

5. 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 & 860' FWL	5. LEASE DESIGNATION AND SERIAL NO. LC-029426-B	6. AGREEMENT NAME	7. NAME OR LEASE NAME E. West "B"	8. WELL NO. 35	9. FIELD AND POOL, OR WILDCAT Grayburg Jackson	10. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-T17S-R31E	11. COUNTY OR PARISH Eddy	12. STATE NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3857' GL										

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"/>		<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"/>		<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.)

11/04/88 Perforated 3410-3441' with 19 shots. Acidized 3410-3441' with 2000 gal. 15% NEFE acid. Flowed well back.  
11/05/88 Frac'd 3410-3441' with 30,000 gal. cross-linked gel + 60,000# 20-40 sand. Flowed and swabbed well back.  
11/09/88 Perforated 3212-3357' with 56 shots. Acidized 3212-3380' with 4000 gal. 15% NEFE acid.  
11/10/88 Frac'd 3212-3357' with 60,000 gal. cross-linked gel + 130,000# 20-40 sand. Flowed well back.

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

SIGNED Don Brown TITLE Engineer

DATE 11/15/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

DATE \_\_\_\_\_

DEC 7 1988

\*See Instructions on Reverse Side

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CARLSBAD, NEW MEXICO