

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-ART®  
(Other instruction on re-  
verse side)

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

RECEIVED

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Hondo Oil & Gas Company		8. FARM OR LEASE NAME H. E. West A	
3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202		9. WELL NO. 14	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  720' FSL & 1980' FEL		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-T17S-R31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3914' GL		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)\*

11/30/88 Perforated 3214-3467' with 79 shots. Acidized 3214-3467' with 6000 gal. 15% NEFE acid. Flowed well back.

12/02/88 Frac'd 3214-3467' with 80,000 gal. 30# cross-linked gel + 160,000# 20-40 sand. Flowed well back.

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

SIGNED Ron Brown

TITLE Engineer

DATE 12/2/88

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-029426-A

6. 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.)

DEC 1 11 46 AM '88

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

720' FSL & 1980' FEL

CARLSBAD  
AREA HEADQUARTERS

RECEIVED

JAN 05 '89

O. C. D.  
ARTESIA OFFICE

7. UNIT AGREEMENT NAME

SOURCE

8. NAME OR LEASE NAME

H. E. West "A"

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 4-T17S-R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. PERMIT NO.

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

3914' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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.)

11/23/88 Perforated 3492-3678' with 46 shots. Acidized 3492-3678' with 4000 gal. 15% NEFE. Flowed well back.

11/28/88 Frac'd 3492-3678' with 50,000 gal. 30# cross-linked gel + 129,000# 20-40 sand.

11/29/88 Flowed and swabbed well back.

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

SIGNED

*Ron Brown*

TITLE Engineer

DATE 11/29/88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 6 1988

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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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-029426-A	
2. NAME OF OPERATOR Hondo Oil & Gas Company ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202		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 720' FSL & 1980' FEL		8. FARM-OR-LEASE NAME H. E. West "A"	
14. PERMIT NO.		9. WELL NO. 14	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3914' GL		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-T17S-R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

RECEIVED

JAN 05 '89

O. C. D.  
ARIESA, CHIEF

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANE ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☒  
SHOOTING OR ACIDIZING ☒  
(Other) ☐

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(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.)\*

11/16/88 Perforated 3709-3863' with 51 shots.  
11/17/88 Acidized 3709-3863' with 4000 gal. 15% NEFE acid. Swabbed well back.  
11/18/88 Frac'd 3709-3863' with 50,000 gal. cross-linked gel + 136,500# 20-40 sand. Swabbed well back to clean up.

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

SIGNED

*Ron Brown*

TITLE

Engineer

DATE

11/22/88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

DEC 6 1988

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CARLSBAD, NEW MEXICO

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BUREAU OF LAND MANAGEMENT

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Budget Bureau No. 1004-0135  
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SUNDRY NOTICES AND REPORTS ON WELLS

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1. OIL WELL ☒ GAS WELL ☐ OTHER ☐  
Nov 15 11 14 AM '88

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

720' FSL & 1980' FEL

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O. C. D.

ARTESIA, OFFICE

14. PERMIT NO.

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

3914' GL

5. LEASE DESIGNATION AND SERIAL NO.

LC-029426-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H. E. West "A"

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 4-T17S-R31E

12. COUNTY OR PARISH

13. STATE

Eddy

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Ran production casing

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

X

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.)

Drilled 7 7/8" hole to 3935' TD. Ran 94 jts. of 5 1/2" 17# J-55 casing and set @ 3935'. Cemented with 1500 sx. HLC + 400 sx. Premium Plus w/8% CalSeal. Circulated 300 sx. Plug down @ 9:30 a.m. 11/14/88.

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

SIGNED

Aisa Bohannon

TITLE

Engineering Technician

DATE

11/14/88

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 6 1988

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

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14. PERMIT NO.				15. ELEVATIONS (Show whether DF, RT, or ARTESIA, OFFICE) 3914' GL								

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SUBSEQUENT REPORT OF:

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"/>	

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input 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.)

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Spudded well @ 6:30 p.m. 11/2/88. Drilled 12 1/4" hole to 542'. Ran 13 jts. of 8 5/8" 24# J-55 8rd casing and set @ 542'. Cemented with 350 sx. Class "C" w/2% CC. Circulated 90 sx. WOC 11 hrs. Tested BOP to 500 psi for 30 min. - held okay. Drilled out with 7 7/8" bit 11/4/88.

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

SIGNED Risa Bohannon

TITLE Engineering Technician

DATE 11/14/88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

DEC 6 1988

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SJS  
CARLSBAD, NEW MEXICO