

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate\*  
(Other Instructions on reverse side)

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

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.<br>LC-029426-B                  |  |
| 2. NAME OF OPERATOR<br>Hondo Oil & Gas Company   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                |  |
| 3. ADDRESS OF OPERATOR<br>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.)<br>At surface<br>1980' FSL & 1980' FEL |  | 8. FARM OR LEASE NAME<br>H. E. West "B"                             |  |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>37   |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3960' GR   |  | 10. FIELD AND POOL, OR WILDCAT<br>Grayburg Jackson                  |  |
|  |  | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 3-T17S-R31E |  |
|  |  | 12. COUNTY OR PARISH<br>Eddy  |  |
|  |  | 13. STATE<br>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 <input type="checkbox"/> | PUMP OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <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"/>                          |  |

(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.)

12/15/88 Perforated 3653-3881' with 49 shots. Acidized 3653-3881' with 4000 gal. 15% NEFE acid.

12/16/88 Swabbed well back.

12/17/88 Frac'd 3653-3881' with 50,000 gal. linear gel + 110,000# 20-40 sand.

12/18/88 Flowed and swabbed well back.

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

SIGNED Lisa Bohannon

TITLE Engineering Technician

DATE 12/19/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side