Form 3160-5 November 1983) UNITED STATES	SUBMIT IN TRIP TE	Budget Bureau No. 1004-0135 Expires August 31, 1985
Formerly 9–331) DEPARTMEN OF THE INTE	-	5. LEASE DESIGNATION AND SERIAL NO.
BUREAU OF LAND MANAGEME	NT RECEIVED	LC-029426-A
SUNDRY NOTICES AND REPORTS  (Do not use this form for proposals to drill or to deepen or plu Use "APPLICATION FOR PERMIT" for such		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	DEC 7 2 32 PM 188	7. UNIT AGREEMENT NAME
OIL CAS WELL X WELL OTHER		
NAME OF OPERATOR	AREA MEAL AS THERS	8. FARM OR LEASE NAME
Hondo Oil & Gas Company V		H. E. West "A"  9. WMLL NO.
P. O. Box 2208, Roswell, NM 88202	RECEIVED	16
LOCATION OF WELL (Report location clearly and in accordance with a See also space 17 below.)	ny State requirements.	10. FIELD AND POOL, OR WILDCAT
At surface 1980' FNL & 1980' FWL	DEC 15 88	Grayburg Jackson Q.G.  11. SNC, T., E., M., OR BLE, AND SURVEY OF ARMA
	O. C. D.	4
4. PERMIT NO. 15. ELEVATIONS (Show whether	· · · · · · · · · · · · · · · · · · ·	Sec. 3-T17S-R31E 12. COUNTY OR PARISH 13. STATE
3956' G	R	Eddy NM
Check Appropriate Box To Indicate	Nature of Notice, Report, or	
NOTICE OF INTENTION TO:	SUBSE	QUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	X REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE	FRACTUBE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING
REPAIR WELL CHANGE PLANS	(Other)	ABANDONMENT*
(Other)	(Norm: Report result	ts of multiple completion on Well
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertin proposed work. If well is directionally drilled, give subsurface lo nent to this work.) *</li> </ol>	cations and measured and true verti	cal depths for all markers and zones perti-
Spudded well @ 4:50 p.m. 12/4/88. Do of 8 5/8" 24# 8rd J-55 casing and se "C" w/2% CC. Circulated 90 sx. WOC l hr held okay. Drilled out with	t @ 644'. Cemented wi 9 1/2 hrs. Tested BO	th 400 sx. Class
		1
	ACCEPTED FOR	RECORD
	DEC 1319	988
	CARLSBAD, NEW	MEXICO
8. I hereby certify that the forgeoing is true and correct  SIGNED ALA DUALUOU TITLE	Engineering Technician	DATE 12/5/88
(This space for Federal or State office use)		

\*See Instructions on Reverse Side

TITLE \_

DATE \_

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