

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

c/55

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. LC-029426-B
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 1980' FNL & 1980' FWL	8. FARM OR LEASE NAME H. E. West "B"
14. PERMIT NO.	9. WELL NO. 39
15. ELEVATIONS (Show whether DT, RT, OR, etc.) 3881' GL	10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-T17S-R31E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

RECEIVED

JAN 09 '89

O. C. D.
ARTESIA, OFFICE

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"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input 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) <u>Ran production casing</u>	<input checked="" 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 and 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 3868' TD. Ran 92 jts. 5 1/2" 17# J-55 8rd Lt&C casing and set @ 3868'. Cemented with 800 sx. HLC + 350 sx. Class "C" w/8% CalSeal. Circulated 170 sx. Plug down @ 12:00 noon 12/21/88.

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

SIGNED Aise Beharok

TITLE Engineering Technician

DATE 12/22/88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

JAN 4 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
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verse side)

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

ckf

SUNDRY NOTICES AND REPORTS ON WELLS

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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
1980' FNL & 1980' FWL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, OR, etc.)
3881' GL

Dec 15 11 43 AM '88

CARLSBAD AREA OFFICE

RECEIVED

JAN 09 '89

O. C. D.

ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO. LC-029426-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME H. E. West "B"
9. WELL NO. 39
10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-T17S-R31E
12. COUNTY OR PARISH Eddy
13. STATE NM

16. 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 PLANS ☐

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.) *

Spudded well 12/13/88. Drilled 12 1/4" hole to 488'. Ran 12 jts. 8 5/8" 24# 8rd J-55 casing and set @ 488'. Cemented with 350 sx. Class "C" w/2% CC. Circulated 60 sx. WOC 13 3/4 hrs. Tested BOP to 500 psi for 30 min. - held okay. Drilled out with 7 7/8" bit 12/14/88.

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

SIGNED Ron Brown TITLE Engineer DATE 12/14/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE FOR RECORD _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

JAN 4 1989

SJS

CARLSBAD, NEW MEXICO