Form 3160-5 (November 1983) (Formerly 9-331)  DEPARTME OF THE INTERIOR BUREAU OF LAND MANAGEMENT		SUBMIT IN TRI CAT (Other Instruction on CAT)	E* Exp  5. LEASE		
SUNDRY N (Do not use this form for p Use "APP	OTICES AND REPORTS ( reposals to drill or to deepen or plug to relication for PERMIT—" for such p	ON WELLS  pack to a different reservoir.  proposals.)	8. IF IND	IAN, ALLOTTEE OR 7	TRIBE NAME
WELL X WELL OTHE		7. UNIT A	7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR Hondo Oil & Gas Com 3. ADDRESS OF OPERATOR	RECEIVED		8. FARM OR LEASE NAME H. E. West "B"		
P. O. Box 2208, Ross	well, NM 88202	TED 1 0 '00	9. WELL 1	10.	
See also space 17 below.) At surface	on clearly and in accordance with any	State resulfimbulb. OJ	10., FIELD	AND POOL, OR WILL	DCAT
660' FSL & 760' FWL	O. C. D. ARTESIA, OFFICE	11./ SMC., 1	ourg Jackson	n CK () ()	
14. PERMIT NO.	L If Statement (C)		sec.9	)-T17S-R31E	
	15. ELEVATIONS (Show whether DF,		12. COUNT	Y OR PARISH 13.	STATE
16.	3814' 6		_   Eddy		MI
Check	Appropriate Box To Indicate N	ature of Notice, Report, or	Other Data		
[]	TENTION TO:	SUBSE	QUENT REPORT	or:	
FRACTURE TREAT	PULL OR ALTER CASING	WATER SHUT-OFF	X	REPAIRING WELL	
SHOOT OR ACIDIZE	MULTIPLE COMPLETE ABANDON*	FRACTURE TREATMENT	_	ALTERING CASING	
REPAIR WELL	CHANGE PLANS	SHOOTING OR ACIDIZING (Other)	<b>-</b>    ;	ARANDONMENT*	
(Other)	OPERATIONS (Clearly state all pertinent ectionally drilled, give subsurface locati	(Norn: Report resul	ts of multiple	completion on We	
400 sx. Class " 100', no circul top of cement @ to surface. WO	5:30 a.m. 1/20/89. Dri 5/8" 24# J-55 8rd casin C" w/2% CC. Did not ci ation. Pumped 75 sx. o 40'. Pumped 37 sx. Cl C 13 hrs. Tested BOP to	g and set @ 417'. (crculate. Tagged top f Class "C" cement w	Cemented of cement of center of cent	nt @ Tagged	
Drilled out wit	h 7 7/8" bit 1/22/89.	rue rue de do mai	aces in	sid Okay.	
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				£1.7	
			1		
8. I hereby certify that the foregoing	is true and correct			<del></del>	<del></del>
signed Son (5)		gineer	DATE	1-24-8	9
(This space for Federal or State o	ffice иве)	2.5	X	<del></del>	
APPROVED BYCONDITIONS OF APPROVAL, IF	ANY:		DATE		
The state of the s					
			the state of	See Age 15	

\*See Instructions on Reverse Side

SJS