

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other Instructions
verse side)

TE
re

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

CLSF

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.)

RECEIVED

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 J. L. Keel "B"	
3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202		9. WELL NO. 45	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1930' FNL & 1830' FEL		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
14. PERMIT NO		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3891' GR	
		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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(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.)*

3/12/89 Perforated 3616-3730' with 34 shots.

3/15/89 Acidized 3616-3730' with 2000 gal. 15% NEFE acid. Swabbed well back.

3/17/89 Reacidized 3616-3730' with 4000 gal. 20% CRA acid. Swabbed well back.

RECEIVED
MAR 21 10 47 AM '89

FOR RECORD
EB
CARISBAD, NEW MEXICO

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

SIGNED Risa Behar TITLE Engineering Technician DATE 3/20/89

(This space for Federal or State office use)

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

*See Instructions on Reverse Side