

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instructio  
verse side)

DATE\*  
on re

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

5. LEASE DESIGNATION AND SERIAL NO.

8910089700

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

LC 070937.9

7. UNIT AGREEMENT NAME

West Red Lake Unit

8. FARM OR LEASE NAME

9. WELL NO.

29

10. FIELD AND POOL, OR WILDCAT

Red Lake On-Grbg-SA

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 4-T18S-R27E

12. COUNTY OR PARISH

Eddy

NM

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

1592' FSL & 2302' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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.)\*

5/15/90 Dumped 250 gal. zylene + 1000 gal. 15% NEFE acid in well to clean well up. Circulated hole. Started pumping.

RECEIVED

JUL 27 '90

O. C. D.  
ARTESIA, OFFICE

CAR  
AREA

JUL 24 11 43 AM '90

RECEIVED

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

SIGNED

*Risa Shannon*

TITLE Engineering Technician

DATE 7/19/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side