

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

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

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Change of Operator	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Hondo Oil and Gas Company	8. FARM OR LEASE NAME Hondo Federal
3. ADDRESS OF OPERATOR 105 East 3rd, Suite 415, Roswell, NM 88201	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2190' FNL & 1650' FEL	10. FIELD AND POOL, OR WILDCAT Red lake, Queen, Grayburg, SA
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 <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 PLANE <input type="checkbox"/> (Other) Change of Operator <input checked="" 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) <input 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 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.)*	
18. I hereby certify that the foregoing is true and correct	
SIGNED <u>Layne Sallis</u> TITLE <u>Production Clerk</u> DATE <u>3/20/87</u>	
(This space for Federal or State office use) Orig. Sgd. Linda S. C. Ford	
APPROVED BY <u>Acting Asst. Manager</u> TITLE <u>Acting Asst. Manager</u> DATE <u>JUN 3 1987</u>	
CONDITIONS OF APPROVAL, IF ANY:	

\*See Instructions on Reverse Side