

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
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Form approved.
Budget Bureau No. 42-R1424

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
NOV 9 1971
D. C. C.
ARTESIA OFFICE

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
HONDO Production Company ✓

3. ADDRESS OF OPERATOR
BOX 63, HOBBS, N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
660' FNL x 1980' FEL Sec. 11 (Unit B, NW/4 NE/4)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)
3611' R.D.B.

5. LEASE DESIGNATION AND SERIAL NO.
LC-067858

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
MALCO FEDERAL

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
EMPIRE ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
11-18-27 NMPM

12. COUNTY OR PARISH 13. STATE
EDDY N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	REBOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)*

Acidized perforations @ 138'-58' w/ 1500 gal 15%
NE preceded w/ 300 gal aqua check w/ Kero.
Evaluated and restored to production.

Prior - Flow 64 BO + 4 BW 24 hrs.
After - Flow 168 BO + 3 BW 24 hrs. 2 3/4" CW TPF-120.

RECEIVED
NOV - 8 1971
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

TD-6260
PBD-6212
PERFS-6138-58

OC- 11-1-71
comp- 11-3-71

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE NOV 9 1971

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

2-4 USGS-APPROVED
1- SUSP
1- ACJR
1 HONDO

NOV - 8 1971
R. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side