

DEPARTMENT OF THE INTERIOR

(Other Instructi
verses side)

on re

BUREAU OF LAND MANAGEMENT

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.)

DATE OF FILING

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wright Federal

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

North Turkey Track

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

Sec. 29, T-18-S, R-29-E

14. PERMIT NO.

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

3,490'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

FRACTURE TREAT

SHOOT OF ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

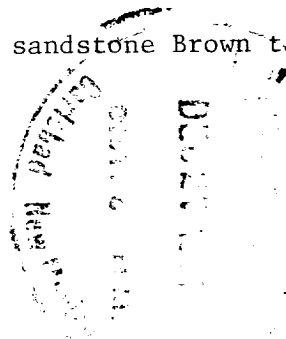
ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Fully 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.)*

Hondo Drilling Company needs permission to blow the above well into our pit for 1 hour out of every 24 hours to unload water accumulation of approximately 1/2 bbl. every day. If this is not done, the water build-up will kill the well.

NOTE: Blow Down pit must be an approved fenced pit or a sandstone Brown tank.



I hereby certify that the foregoing is true and correct

SIGNED

Henry D. Williams

TITLE Production Superintendent

DATE 12-26-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

1-2-85

*See Instructions on Reverse Side