

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUM
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMD60-3160-4

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Hondo Drilling Co.		3a. Area No. (915) 682-9401		5. LEASE DESIGNATION AND SERIAL NO. NM 0925	
3. ADDRESS OF OPERATOR P. O. Drawer 2516, Midland, TX 79702-2516		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1,980' FNL and 1,980' FEL, Unit G		8. FARM OR LEASE NAME Wright Federal Com.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO. 30-015-22479		15. ELEVATION (Show whether OF, ST, GR, etc.) 3,490' GR.		10. FIELD AND POOL, OR WILDCAT North Turkey Track		7. UNIT AGREEMENT NAME	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-18-S, R-29-E		9. WELL NO. #2	
				12. COUNTY OR PARISH Eddy		13. STATE New Mexico	

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETION	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)*

- Dec. 11, 1989 Pulled 2 3/8" tubing & 5 1/2" Guiberson Production Packer out of hole & set 5 1/2" Elite 17/20 lb. Bridge Plug at 10,850'. Cement top of Bridge Plug with Dump Bailer, four sacks of cement.
- Dec. 12, 1989 Ran Van System Explosive Package, set Guiberson Production Packer at 10,375' and perforate well from 10,490' to 10,500' with 4" O.D. Steel Carrier Gun, 4 shots per foot. Swabbing and testing well.
- Jan. 19, 1990 Acidize well with 4,000 gal. 7 1/2% Mor-Flo Acid. Treating pressure 4,800 lb to 6,200 lb. - Average rate 4 bbl. per minute. Swabbing and testing well.

ACCEPTED FOR RECORD

Adm

MAR 5 1990

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

SIGNED

McQuinn

TITLE

President

DATE

Feb. 21, 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side