Form 3160-5
November 1983
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: NM 56426

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

dsf

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

FEB -1 '90

O. C. D.
ARTESIA, OFFICE

1. OIL WELL X GAS WELL ☐ OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Hondo Drilling Company

8. FARM OR LEASE NAME: Sivley Federal

9. WELL NO.: #2

3. ADDRESS OF OPERATOR: P. O. Drawer 2516, Midland, TX 79702-2516

10. FIELD AND POOL, OR WILDCAT: South Loco Hills O.G.S.A.

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
Sec. 30, T-18-S, R-29-E

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 30, T-18-S, R-29-E

14. API NO.: 30-015-22770

15. ELEVATIONS (Show whether DF, RT, GR, etc.): GR 3,498'

12. COUNTY OR PARISH: Eddy

13. STATE: New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other)		(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.)*

Change of operator.

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FEB 1 '90
O. C. D.
ARTESIA, OFFICE

ACCEPTED FOR RECORD
JAN 29 1990
CARLSBAD, NEW MEXICO

Post ID-3
2-16-90
chg op

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

SIGNED _____ TITLE President DATE Jan. 25, 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**