

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on
reverse side)

RM Roswell District
Modified Form No.
NM60-3160-4

CLSF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

MAR 22 11 03 AM '90

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. (915) RECEIVED	
2. NAME OF OPERATOR Hondo Drilling Company		8. FARM OR LEASE NAME Sivley Federal	
3. ADDRESS OF OPERATOR P. O. Drawer 2516, Midland, TX 79702-2516		9. WELL NO. #2	
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 Letter G Sec. 30, T-18-S, R-29-E		10. FIELD AND POOL, OR WILDCAT South Loco Hills O.G.S.A.	
14. PERMIT NO. 30-015-22770		15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3,498'	
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 30, T-18-S, R-29-E		12. COUNTY OR PARISH Eddy	
13. STATE New Mexico			

MAR 28 '90

O. C. D.
ARTESIA, OFFICE

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 COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Re-entry and Deepen	

(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.)*

- 3-09-90 Rigged up drilling rig, picked up drill collars and 4 1/2" drill pipe.
- 3-10-90 Circulated hole, clean out 8 5/8" casing to 2,600' with 7 7/8" bit. Ran squeeze tool in hole, cemented perforations in 8 5/8" casing from 2,298' to 2,306' - 9 holes, 2,330' to 2,334' - 5 holes, 2,342' to 2,346' - 5 holes, with 150 sacks Halliburton Neat Cement and waiting on cement.
- 3-11-90 Drill out cement Bridge Plug and circulate hole to 2,600'. Test 8 5/8" casing to 1,000 lbs., Drill cement and Halliburton Bridge Plug at 2,950' in 8 5/8" casing.
- 3-12-90 Circulate hole and clean out to 7,980' total depth. Condition mud, pulled out of hole and ran Schlumberger Logs.
- 3-13-90 Layed down drill pipe and collars, Ran 5 1/2" 17 lb. casing, depth - 7,928.37'. Cement with 450 sacks Halliburton Neat Cement and waiting on cement.
- 3-14-90 Moved drilling rig off location and waiting on pulling unit.

ACCEPTED FOR RECORD

Adler

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

SIGNED *Bill Outlaw* TITLE President DATE March 21, 1990

(This space for Federal or State office use)

CARLSBAD, NEW MEXICO

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side