

NM OIL CONS. COMMISSION
Drawn up
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☐ well other ☐ P&A

JUL 21 1986

O. C. D.

ARTESIA, OFFICE

2. NAME OF OPERATOR

Hondo Oil and Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1550' FNL & 660' FWL

AT TOP PROD. INTERVAL: as above

AT TOTAL DEPTH: as above

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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DEC 17 1981

NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Upper and Lower Bone Springs DST's indicated dry. Plugged and abandoned in the following manner:

1. Spot cmt plug #1 7750-7600' w/45 sx Cl H Neat.
2. Spot cmt plug #2 5650-5500' w/40 sx Cl H Neat.
3. Spot cmt plug #3 4100-4000' w/35 sx Cl H Neat.
4. Set cmt retr @ 2749' inside 8-5/8" csg. Cmtd thru retr w/200 sx Cl H cmt, left 85' cmt on top of retr.
5. Spot 100' plug at surface w/25 sx Cl H cmt. Installed dry hole marker. Cleaned and levelled location. P&A effective 11/22/81.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Jerry W. Schmidt TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE Dist. Dir. Supt. DATE 12/9/81

Post ID-2
12-23-81
P4A