

C/SF

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O. C. D.  
ARTESIA, OFFICE

NM OIL CONS. COMMISSION  
UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
Drawer DD 88210

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
- 2. NAME OF OPERATOR  
Hondo Oil & 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: 1650' FNL & 2110' FWL  
AT TOP PROD. INTERVAL: as above  
AT TOTAL DEPTH: as above

- 5. LEASE  
NM 54184
- 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
- 7. UNIT AGREEMENT NAME
- 8. FARM OR LEASE NAME  
Federal 11
- 9. WELL NO.  
1
- 10. FIELD OR WILDCAT NAME  
Wildcat Morrow Gas
- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
11-18S-28E
- 12. COUNTY OR PARISH  
Eddy
- 13. STATE  
N.M.
- 14. API NO.
- 15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3636, 8' GR

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

- |   |                          |
|---|--------------------------|
| REQUEST FOR APPROVAL TO:                      | SUBSEQUENT REPORT OF:    |
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/> |
| (other) <input type="checkbox"/>              | <input type="checkbox"/> |

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

Run Intermediate Csg & Cmt.

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.)\*

Finished drlg 11" hole to 2772' @ 2:00 PM 11/27/84. RIH w/8-5/8" OD 28# S-80 csg. Set FS @ 2771'. FC set @ 2679', Cmtd 8-5/8" OD csg w/1025 sx Lite cont'g 1/2#/sk celloflake & 2% CaCl<sub>2</sub> followed by 250 sx Cl H cmt cont'g 2% CaCl<sub>2</sub>. PD @ 2:15 AM 11/28/84. WOC 16 hrs. Circ 174 sx cmt to surf. Pressure tested csg to 2500# for 30 mins OK. The following cement strength criterion is furnished for cmtg in accordance w/Option 2 of the OCD Rules and Regulations.

- 1. The volume of cement used was 1579 cu ft of Lite cement cont'g 1/2#/sk celloflake & 2% CaCl<sub>2</sub> followed by 295 cu ft of Cl H cmt cont'g 2% CaCl<sub>2</sub>. Circ 268 cu ft cmt to surf.
- 2. The approx temperature of cement slurry when mixed was 69°F.
- 3. Estimated minimum formation temperature in zone of interest was 88°F.
- 4. The estimate of cement strength @ time of csg test was 2950 psig.
- 5. The actual time cmt in place prior to starting test was 16 hrs.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Robert E. Ballinger TITLE Drlg. Engr. DATE 11/30/84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY: 1084

Carlson