

Form 9-331
Dec. 1973

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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

C/SF

ARTESIA OFFICE

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: 1880' FNL & 2130' FWL (Unit F)

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Change in casing plans

5. LEASE

NM 031186

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mann Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Red Lake Penn ~~Morrow~~ Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

9-18S-27E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3653.3' GR

(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.)*

Propose to change casing plans as approved 7/31/85 on Application for Permit to Drill, Deepen, or Plug Back in the following manner:

1. Change 13-3/8" OD 54.50# K-55 casing setting depth from 900' to 500' and circulate approx 500 sx cmt to surf.
2. Change 8-5/8" OD 24# K-55 casing weight from 24# K-55 to 28# S-80.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

C. L. Shackelford

TITLE Engng Tech Spec.

DATE 8/6/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: