

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

qsf

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.)

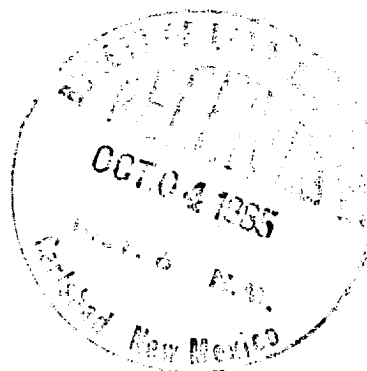
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY  OCT 18 1985  O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO NM 031186	
2. NAME OF OPERATOR Hondo Oil & Gas Company			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240			7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements.) See also space 17 below. At surface 1880' FNL & 2130' FWL (Unit letter F)			8. FARM OR LEASE NAME Mann Federal	
14. PERMIT NO. API #30-015-25357		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3563.3' GR		9. WELL NO. 1
				10. FIELD AND POOL, OR WILDCAT 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.

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 COMPLETE <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Log, Run 5 1/2" Csg & Cmt <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)\*

Drld 7-7/8" hole to 9811' TD @ 4:30 AM 9/17/85. Ran GR-DLL-MSFL, GR-CNL-LDT-Cal & GR logs. RIH w/48 jts 5 1/2" 17# K-55 LTC csg & 186 jts 5 1/2" 8rd 15.5# K-55 LT&C csg, set @ 9811'. Cmtd 1st stage w/650 sx HLW w/16% Halad 9 & 250 sx C1 H Neat. Open DV @ 6195', circ 50 sx cmt. Cmtd 2nd stage w/225 sx HLW w/1/4#/sk flocele & 400 sx HLW & 150 sx C1 H cmt. Did not circ cmt. ND BOP. Set slips, cut off csg. Ran temp survey, indicated TOC @ 1000'. MORT.



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

SIGNED D. W. Daniel TITLE Dist Drlg Supv. DATE 10/3/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

OCT 17 1985