

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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

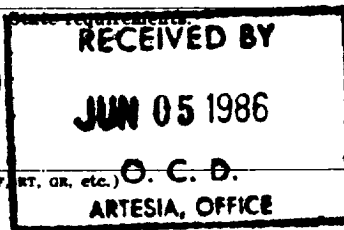
915F

LEASE DESIGNATION AND SERIAL NO.
LC-029389 B

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Hondo Oil and Gas Company ✓	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 1610, Midland, Texas 79702	8. FARM OR LEASE NAME Wilmar Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL and 1980' FWL (Unit Letter K)	9. WELL NO. 2
14. PERMIT NO. 30-015-25607	10. FIELD AND POOL, OR WILDCAT Tamaro (Bone Springs)
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3721.7	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4-18S-31E
12. COUNTY OR PARISH Eddy	
13. STATE NM	



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 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) <input checked="" type="checkbox"/> spud, Surface csg & cmt	(Other) <input checked="" 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.) *

Spud 17½" hole 9:00 am 5-25-86. TD @ 696'. Set 13-3/8" csg @ 688'. Cmt w/750 sx "C". Circ cmt to surface. WOC. Pressure test to 1000#. OK. Drlg new formation 5:00 am 5-27-86.

ACCEPTED FOR RECORD

Handwritten signature
JUN 4 1986

CARISBAD, NEW MEXICO

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

SIGNED Ken W. Gosnell 915/688-5672 TITLE Engr. Tech. Spec. DATE 6-2-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

