|  | . <del></del>   | Form approved.   |
|--|---|--|
| Form 3160-5<br>(November 1983)  UNI D STATES   | SUBMIT IN TRIPL RE-   | Budget Bureau No. 1004-0135<br>Expires August 31, 1985   |
| (Formerly 9-331) DEPARTMENT OF THE INTERIOR verse side)  |   | 5. LEASE DESIGNATION AND SERIAL NO   |
| BUREAU OF LAND MANAGEMENT  |   | LC-029389 B  |
| SUNDRY NOTICES AND REPORTS C   | N WELLS   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| (Do not use this form for proposals to drill or to deepen or plug be<br>Use "APPLICATION FOR PERMIT—" for such pr  | ck to a different reservoir   |  |
| 1.   |   | 7. UNIT AGREEMENT NAME   |
| OIL GAS WELL OTHER   | CEIVED BY   |  |
| 2. NAME OF OPERATOR  | CEIVE   | 8. FARM OR LEASE NAME  |
| Hondo Oil and Gas Company  | G -7 1986   | Wilmar Federal   |
| 3. ADDRESS OF OPERATOR   | 0 1,500   | 9. WBLL NO.  |
| P. O. Box 1610 Midland, Texas 9702   | O. C. D.  | 2  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.)  | State requirements.*  | 10. FIELD AND POOL, OR WILDCAT   |
| 1980' FSL & 1980' FWL (Unit k)   |   | Tamano (Bone Springs)  |
| 1300 102 4 1000 1112 (01111 11)  |   | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR ARMA  |
|  |   | 4-18S-31E  |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF.  | RT. GR. etc.)   | 12. COUNTY OR PARISE 13. STATE   |
|  | , - ,,  | Eddy NM  |
| 30-015-25607 3741 KB   |   |  |
| 16. Check Appropriate Box To Indicate N  | ature of Notice, Report, or C   | Other Data   |
| NOTICE OF INTENTION TO:  | SUBSEQ  | UENT REPORT OF:  |
| TEST WATER SHUT-OFF PULL OR ALTER CASING   | WATER SHUT-OFF  | REPAIRING WELL   |
| FRACTURE TREAT MULCIPLE COMPLETE   | FRACTUBE TREATMENT  | ALTERING CASING  |
| SHOOT OR ACIDIZE ABANDON®  | SHOOTING OR ACIDIZING   | ABANDON MENT*  |
| REPAIR WELL CHANGE PLANS   | (Other) <u>correction</u>   |  |
| (Other)  | (Norm: Report results<br>Completion or Recomp                         | s of multiple completion on Well letion Report and Log form.)  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent proposed work. If well is directionally drilled, give subsurface locationent to this work.) * | details, and give pertinent dates<br>ons and measured and true vertic | , including estimated date of starting any<br>al depths for all markers and zones perti-   |
| The correct operator name for the follow:  | ing documents should  | be Hondo Oil and Gas Co.   |
|  |   |  |
| 1. Sundry dated 7-21-86. Intermediate  |   |  |
| 2. Sundry dated 7-21-86. Prod csg, trea  | it, test.   |  |
| 3. Well Completion dated 7-21-86.  |   |  |
|  |   |  |
| copies attached.   |   |  |
| copies attached.   |   | £ 1  |
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|  | **************************************                                |  |
|  |   |  |
| 18. I hereby certify that the foregoing is true and correct 91   | 5-688-5672  |  |
| SIGNED Ken au Somell TITLE En  | gr. Tech. Spec.   | DATE 8-1-86  |
| (This space for Federal or State office use)   |   |  |
| (And space for reacism of prace omee and)  |   |  |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:  | · · · · · · · · · · · · · · · · · · ·                                 | DATE   |
| CONDITIONS OF APPROVAL, IF ANI:  |   |  |