

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

**N. M. O. G. C. O.**  
SUBMIT IN TRIPL  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR  
**Honeysuckle Exploration Corp.**

3. ADDRESS OF OPERATOR  
**450 Petroleum Club Bldg., Denver, CO 80202**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**2030' FWL, 330' FSL**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3632 DF**

5. LEASE DESIGNATION AND SERIAL NO.  
**NM-12211**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Federal 20**

9. WELL NO.  
**1-Y**

10. FIELD AND POOL, OR WILDCAT  
**Shugart**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Section 20-18S-31E**

12. COUNTY OR PARISH  
**Eddy**

13. STATE  
**N.M.**

**RECEIVED**

**AUG 12 1976**

**O. C. C.**  
**ARTESIA, OFFICE**

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT ☒

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(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.)\*

Intend to perforate Penrose Sand Zone from 3451' - 70' and Queen Sand Zone from 3195' - 3220'. Will then fracture treat each zone selectively through 2 3/8" tubing using Packer and Bridge Plug with 500 gal 15% HCL acid, 26,000 gal gelled KCL Brine & 24,000# sand. Will then wash well clean, install pumping equipment and return to production.

**RECEIVED**

**AUG 11 1976**

**U. S. GEOLOGICAL SURVEY**  
**ARTESIA, NM**

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

SIGNED

TITLE

**President**

DATE

**July 1, 1976**

(This space for Federal or State office use)

TITLE

DATE

APPROVED  
CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**  
**1976**  
**L. BECKHMAN**  
**ACTING DISTRICT ENGINEER**

\*See Instructions on Reverse Side