

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI. STATE
(Other instructions on re-
verse side)

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

45F

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"/>		RECEIVED	
2. NAME OF OPERATOR Hondo Oil & Gas Company		DEC 7 '90	
3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202		O. C. D.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2380' FSL & 1680' FWL		ARTESIA, OFFG utk	
14. PERMIT NO. API 30-015-26484		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3619' GR	
5. LEASE DESIGNATION AND SERIAL NO. NM-10191		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME East Shugart Unit		8. FARM OR LEASE NAME East Shugart	
9. WELL NO. 33		10. FIELD AND POOL, OR WILDCAT Shugart Yates, 7r-Qn-Grbg	
11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 34-T18S-R31E		12. COUNTY OR PARISH Eddy	
13. STATE NM			

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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Squeezed		

(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.) *

Squeezed perforations from 3716'-3736' with 4000 gals injectrol & 800 sx cmt.

RECEIVED
DEC 4 11 52 AM '90
CARLISLE
AREA

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

SIGNED Ron Brown

TITLE Petroleum Engineer

DATE 11/30/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side