

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI  
(Other Instructions  
verse side)

TE  
re

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

258

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 WIW

2. NAME OF OPERATOR Hondo Oil & Gas Company

3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface 1980' FSL & 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3907' DF

RECEIVED

OCT 17 '89

O. C. D.  
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.  
LC-029426-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
H. E. West "B"

9. WELL NO.  
14

10. FIELD AND POOL, OR WILDCAT  
Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA  
Sec. 10-T17S-R31E

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
RIPOOT 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) <u>deepened and ran liner</u> <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.) \*

8/12-17/89 Drilled well out from old TD of 3632' to new TD of 3950' using a 6 1/4" bit.

8/22/89 Ran 22 jts. 5" liner and set with top of liner @ 3255'. Cemented with 120 sx. Class "C" cement.

8/25/89 Tested backside to 500 psi - held okay. Could pump down tubing.

8/26/89 Set retainer @ 3205' and squeezed with 50 sx. Class "C" cement.

8/30/89 Drilled out retainer and cement and tested liner top to 500 psi - held okay.

OCT 6 11 09 AM '89

RECEIVED

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

SIGNED Lisa Bohannon

TITLE Engineering Technician

DATE 10/4/89

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD  
DATE \_\_\_\_\_

OCT 13 1989

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO