

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(SUBMIT IN TRIPL
(Other instructions on re-
verse side)

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

CLSF

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
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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3614' DF

RECEIVED
MAR 29 '89

5. LEASE DESIGNATION AND SERIAL NO.
LC-058008-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
East Shugart Unit

8. FARM OR LEASE NAME
E. Shugart Ut

9. WELL NO.
31

10. FIELD AND POOL, OR WILDCAT
Shugart Yates, 7R, Q, GR

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3-T19S-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"/>	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) Sqzd. perfs. <input 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.)*

3/10/89 Perforated 4086-4106' with 11 shots.

3/12/89 Swabbed and recovered 66 bbbls. black sulphur water. No shows.

3/14/89 Set retainer @ 4075'. Squeezed perfs. 4086-4106' with 100 sx. Class "C" cement with 80 sx. in formation. Squeezed @ 2550 psi. Reversed out 20 sx. @ 700 psi.

RECEIVED
MAR 21 10 40 AM '89
CARLSBAD AREA OFFICE

ACCEPTED FOR RECORD
MAR 28 1989
EB
CARLSBAD, NEW MEXICO

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

SIGNED Nisa Schanow TITLE Engineering Technician DATE 3/15/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side