New Mexico Oll Conservation Division, District I

Form 3160-5 (August 1999)

UNITED STATES Hobbs NIA 97040

UNITED STATES Hobbs, NM 88249
DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

	DUDEAU OF LAND MA	MACENTER			expires November 30, 2000	•	
BUREAU OF LAND MANAGEMENT				5. Lease Serial No.			
SUND	RY NOTICES AND REP	ORTS ON WELLS		NM6	NM62602		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name			
SUBMITINT	RIPI ICATE - Other inc	tructions on rever		7 1611-	2000		
SUBMIT IN TRIPLICATE - Other instructions on reverse side					it or CA/Agreement, Name a	nd/or No.	
1. Type of Well							
Oil Well Gas Well Other					Name and No.		
2. Name of Operator					Hamon "A" Fed Com #1		
Brothers Production Company, Inc.					Well No.		
3a. Address 3b. Phone			No. (include area code) 30-025-308				
P.O. Box 7515, Midland, TX 79708 (43			32) 682–2516		10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Quail Ridge - Bone Spring			
1650' FSL & 1980' FEL					ty or Parish, State	18	
Sec 7, T-20-S, R-34-E					Too MM		
					ı, NM		
12. CHECK AF	PPROPRIATE BOX(ES)	TO INDICATE NATI	JRE OF NOTICE, R	EPORT, C	OR OTHER DATA		
TYPE OF SUBMISSION TYPE OF ACTION							
			TIE OF ACTION				
Notice of Intent	Acidize	Deepen	Production (Star	t/Resume)	■ Water Shut-Off		
	Alter Casing	Fracture Treat	Reclamation		☐ Well Integrity		
Subsequent Report	Casing Repair	New Construction	☐ Recomplete		Other		
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily Ab	andon			
Final Abandonment Notice	Convert to Injection	Plug Back	■ Water Disposal				
2. 6/27/05 Acidi: 3. 6/28-6/30/05 S 4. 6/30/05 Set C	rated Bone Spring ged Bone Spring 9 Swab tested well, IBP @ 9200', dumpessure chart. Mo	9279'-85', 929 279'-9332' w/ 4 Rec 2 BO + 152 ed 35' cmt on p	94'-9303', 93 4000 gal 15% : 2 BLW <u>+</u> 200 B	16'-933 HCL. FW, tot	2', 2 spf, 65 h		
 I hereby certify that the foregoing Name (Printed/Typed) 	g is true and correct	,					
Paul T, Horne		Title	Operations Ma	anager			
Signature Pal T	Date 7/8/05						
	THIS SPACE	OR FEDERAL OR S					
Approved by	And	 	ile TE	T	Date 7/13/05		
Conditions of approval, if any, are a certify that the applicant holds legal which would entitle the applicant to c	Of commanie title to those rich	e does not warrant or	ffice		- (/ 1 -) - 3		