

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

**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"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

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. Well Location

Unit Letter O : 330 Feet From The South Line and 1650 Feet From The East Line

Section 23 Township 14S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3825' DF

7. Lease Name or Unit Agreement Name

Lee Whitman "B"

8. Well No.

7

9. Pool name or Wildcat

Denton Devonian

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Perforated additional pay & acidized ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

2/19/89 Added additional pay to Devonian by perforating 12585', 12586', 12587', 12596' & 12598' with 1 JSPF.

2/21/89 Acidized perms. 12544-12648' with 18,000 gal. 15% CRA acid + 8000 gal. gelled 10# brine + 840 gal. 2% KCL wtr. with 2 drums scale inhibitor. Flowed well back.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Lisa Bohannon*

TITLE

Engineering Technician

DATE 4/4/89

TYPE OR PRINT NAME

Lisa Bohannon

505/

TELEPHONE NO. 625-8760

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**APR 6 1989**