Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Finerals and Natural Resources Department

Form C-103

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87	5. Indicate Type of Lease
DISTRICT III	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL OTHER	B. C. Dickinson "D"
2. Name of Operator Hondo Oil & Gas Company	8. Well No. 4
3. Address of Operator	9. Pool name or Wildcat
P. O. Box 2208, Roswell, NM 88202	Denton Devonian
Unit Letter F : 1980 Feet From The North	Line and 1980 Feet From The West Line
Section 35 Township 14S Range 10. Elevation (Show whether DF)	37E NMPM Lea County RKB, RT, GR, etc.)
11. Check Appropriate Box to Indicate Na	ture of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON P	EMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	OMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	ASING TEST AND CEMENT JOB
	THER: Pull submersible pump & set pump jackX
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details, and g. work) SEE RULE 1103.</li> </ol>	we pertinent dates, including estimated date of starting any proposed
4/23/92 Install BOP, release pkr @ 9926', TOH w/ tbg & jet pump	
4/28/92 Ran 2 1/2" X 1 1/2" X 30' X 35' RF set to pump and test @ 5:30 p.m.	IBC pump. Load w/ 7 bbls to 500 psi, Returned to production.
I hereby certify that the information above is true and complete to the best of my knowledge and believed to the best o	Petroleum Engineer 06/05/92
TYPEORPRINTNAME E. L. Buttross, Jr.	(505) TELEPHONE NO. 625-6732
(This space for State Use)	LELEPTIONE NO.
APPROVED BY TITLE -	DATE
CONDITIONS OF APPROVAL, IF ANY:	DAIE
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