

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
B-9774

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 F : 1980 Feet From The North Line and 1980 Feet From The West Line
Section 2 Township 15S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3802.15' GR

7. Lease Name or Unit Agreement Name

State T

8. Well No.
2

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: Repair submersible pump & scale sqz. ☒

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.

POH w/ tbg. & pump, RIH w/ 277 jts 2 7/8" L-80 tbg. Set packer @ 8886'.
Load annulus with 90 bbls. 2% KCL with surfactant, pressure 500 psi,
pump 100 gallons 15% NeFe acid with 4 drums scale inhibitor into
Devonian perfs 11,940'-11,972', pumped 180 bbls. 2% KCL with
surfactant down tubing. RIH w/ ODI K-20 pump, ODI gas separator
and Reda 225 HP motor. Return well to pumping.

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

SIGNATURE Karla LeJeune TITLE Regulatory Secretary DATE 04/18/91
(505)
TYPE OR PRINT NAME Karla LeJeune TELEPHONE NO. 625-6745

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: