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 1 P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO.
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	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.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL OTHER	State T
2. Name of Operator	8. Well No.
Hondo Oil & Gas Company	9. Pool name or Wildcat
3. Address of Operator	Denton Devonian
P. O. Box 2208, Roswell, NM 88202	Denton bevonzan
4. Well Location Unit Letter K : 1980 Feet From The South Line and 198	Feet From The West Line
Section 2 Township 15S Range 37E	NMPM Lea County
Section 2 Township 15S Range 3/E	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
3812' GR	<i></i>
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SSEQUENT REPORT OF:
	ALTERING CASING
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C	EMENT JOB
OTHER: Repair	submersible pump & scale sqz. X
OTTEN.	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inclusivery) SEE RULE 1103. POH w/ 322 jts. 2 7/8" L-80 tbg & pump, TIH w/ pkr Load annulus w/ 240 bbls 2% KCL w/ surfactant, pum drums Prokem SC301 scale inhibitor, 1500 gals 15% 11,972'-12,294', flush w/ 130 bbls 2% KCL w/ surfactant, pum w/ DN800 pump w/ 175 HP motor & 322 jts 2 7/8" 1-80	e & 322 jts. tbg set pkr @ 9967'. np 4000 gals 10# brine w/ 2 NeFe acid into Devonian perfs actant, TOH w/ tbg & pkr. TIH
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TYPE OR PRINT NAME Karla LeJeune (This space for State Use) Orig. Signature Paul Kauzz	Secretary DATE <u>04/19/91</u> TELEPHONE NO.505/625-6745
Geologis	DATE

APPROVED BY ---CONDITIONS OF APPROVAL, IF ANY: