

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-9774

7. Lease Name or Unit Agreement Name

State "T"

8. Well No.

7

9. Pool name or Wildcat

Denton Devonian

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 N : 990 Feet From The South Line and 2310 Feet From The West Line

Section

2

Township

15S

Range

37E

NMPM

Lea

County

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

3798.65' GL

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 & stimulated ☒

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.

7/17/90 Perforated 4 1/2" liner from 11955-11981' with 8 holes.

7/18/90 Acidized perforations 11955-12275' with 20,000 gal. 20% CRA acid + 22,000gal. gelled 10# brine + 40 ball sealers.

7/20/90 Ran in hole with 274 jts. 2 7/8" tubing and a Reda DN800 pump and set @ 8985'. Started well pumping.

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 7/23/90

TYPE OR PRINT NAME

Lisa Bohannon

505/625-6739  
TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

