Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION 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., Azzec, 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 "AFFLYCATION 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 Hondo Oil & Gas Company		8. Well No.
3. Address of Operator P. O. Box 2208, Roswell, NM 88202		9. Pool name or Wildcat Denton Devonian
4. Well Location South 2310 Feet From The West Line		
Section 2 Township 1.5.5 Range 1.1.1 Township 1.0. Elevation (Show whether DF, RKB, RT, GR, etc.)		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING Stimulate Devonian "D", perforate CASING TEST AND CE		MENT JOB
OTHER: Devonian "B" & install ESP X OTHER:		
12. Describe Froposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.		
We plan to perform the following work on this well:		
(1) acidize existing Devonian "D" perforations 12216-12275' with		
6000 gal. 20% CRA acid + 13,500 gal. gelled 10# brine (2) perforate the Devonian "B" zone with 1 JSPF @ 11993, 12001,		
04, 14, 16, 18, 20, 24, 26, 28, 30, 32 & 34' for a total of 1338" EHD holes		
(3) acidize Devonian "B" perforations 11993-12034' with 6000 gal. 20% CRA acid + 10,500 gal. gelled 10# bring using 16 ball		
sealers (4) set ESP @ 8984' which is l'above top of existing 4 1/2" liner		
(5) start well pumping. Workover is planned to start 3/15/89.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE SISA SOLICALICAL T	mr Engineering	/ FOE \
TYPEOR PRINT NAME Lisa Bohannon		(505) TELEPHONE NO. 625-8760
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON		MAR 1 5 1989

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I SUPERVISOR

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MAR 14 1989

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