Submit 3 Coples to Appropriate District Office	Į		tate of New Mex and Natural Res	ico ources Department	~~.	Form C-103 Revised 1-1-89	
DISTRICT 1 P.O. Box 1980, Hobba,	NM 88240						
DISTRICT II P.O. Drawer DD, Artesla, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Le							
DISTRICT III 1000 Rio Brazos Rd., A	121ec, NM 87410				6. State Oil & Gas		
(FORM C-101) FOR SUCH PROPOSALS.)						Unit Agreement Name	
1. Type of Well: OIL WELL X	OAS WELL		OTHER		State "T"		
2. Name of Operator8. Well No.Hondo Oil & Gas Company9							
3. Address of Operator 9. Pool name or Wild P. O. Box 2208, Roswell, NM 88202 Denton Devo							
4. Well Location							
Unit Letter	<u>N: 350</u>	Feet From The	Souch	Line and0.	50 Feet From	The West Line	
Section		Township 10. Elevi		nge 37E DF, RKB, RT, GR, elc.)	NMPM I	ea County	
11. 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							
OTHER: OTHER: OTHER: Deforated additiona						1 pay	
12. Describe Proposed work) SEE RULE		ions (Clearly state al	ll pertinent details, an	d give pertinent dates, inc	luding estimated date of	starting any proposed	
4/25/90	Perforated	5 1/2" casi	ng from 120	36-12150' with	17 holes.		
4/29/90	4/29/90 Acidized existing perforations 11969-11998' and new perforations 12036-12150' with 12,000 gal. CRA acid + 14,000 gal. gelled brine using 541 ball sealers.						
5/01/90	Perforated 5 1/2" casing from 11829-11929' with 17 holes.						
5/02/90	02/90 Acidized perforations 11829-11929' with 12,000 gal. 15% CRA acid + 14,000 gal. gelled 10#/gal. brine using 24 ball sealers.						
5/04/90	5/04/90 Ran in hole with Reda 600 pump and 278 jts. 2 7/8" tubing and set @ 8452'. Started well pumping.						
I hereby certify that the	information above in the	and complete to the be	st of my knowledge and	belia,		,	
SIGNATURE Nisa Dolarion me Engineering Technician							
TYPE OR PRINT NAME	Lisa Bohann	ion				505/625-6739 TELETIONE NO.	
(This space for State U		ni Ro n ation Programma					
APPROVED BY			π	N.P		DATE	
CONDITIONS OF APPRO	VAL, IF ANY:		-				

i.