

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.

30-025-30547

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-944

**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

7. Lease Name or Unit Agreement Name

Kemnitz State

8. Well No.

1

9. Pool name or Wildcat

~~Kemnitz~~ Wildcat

4. Well Location

Unit Letter G : 2310 Feet From The North Line and 2310 Feet From The West East Line

Section 19 Township 16S Range 34E NMPM Lea County

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

4147.5' GR

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: Perforating & Stimulating ☒

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.

3/28/89 Perforated the Penrose @ 3960-3980' with 21--.49" holes.

3/29/89 Acidized perms. 3960-3980' with 2000 gal. 15% NEFE acid.  
Swabbed well back.

3/31/89 Frac'd 3960-3980' with 20,000 gal. cross-linked 2% KCL  
water + 36,000# 12-20 sand + 9000# 12-20 Resin coated sand.  
Flowed and swabbed well back.

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 4/4/89

505/

TYPE OR PRINT NAME

Lisa Bohannon

TELEPHONE NO. 625-8760

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APR 6 1989

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
APR 5 1989

APR 5 1989  
OCD  
HOBBS OFFICE