

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 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. 30-025-31001
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-1075
7. Lease Name or Unit Agreement Name Lea 396 State
8. Well No. 5
9. Pool name or Wildcat Dean Permo Penn
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3852.4'

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Hondo Oil & Gas Company
3. Address of Operator P. O. Box 2208, Roswell, NM 88202	4. Well Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 35 Township 15S Range 36E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3852.4'	

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 & Acidized ☒

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.

Perforated 11,588' to 11,580', acidized perfs w/ 2000 gals 15% NeFe.

Perforated 11,537' to 11,516', acidized w/ 4000 gals 15% NeFe.

Acidized from 11,537' to 11,516' w/ 7000 gals 20% gelled HCL.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Karla LeJeune TITLE Production Secretary
TYPE OR PRINT NAME Karla LeJeune

original lost resubmitted

DATE 12/27/90 02/25/91

TELEPHONE NO. (505) 625-6745

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz
Geologist

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

FEB 28 1991