

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.
30-025-03127

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
E-1582

7. Lease Name or Unit Agreement Name

Lea 403 State

8. Well No.
2

9. Pool name or Wildcat
Reeves

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 M : 660 Feet From The South Line and 660 Feet From The West Line

Section 22 Township 18S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3905' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER:

PLUG AND ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER: Perforated, acidized & frac'd

ALTERING CASING
PLUG AND ABANDONMENT

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.

1/23/90 PBTD @ 4556'. Perforated 4432-4450' with 36 holes (2 JSPF).
1/24/90 Acidized 4432-4450' with 1500 gal. 15% NEFE acid. Swabbed well back. Frac'd 4432-4450' with 36,000 gal. cross-linked gel + 70,000# 16/30 sand. Swabbed well back.

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

SIGNATURE Ron Brown TITLE Petroleum Engineer DATE 1/25/90

TYPE OR PRINT NAME Ron Brown TELEPHONE NO. (505) 625-6735

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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 26 1990