State of New Mexico

| • | to Appropriate District Office |
|---|--------------------------------|
| | DISTRICT I P.O. Box 1980, |

TEMPORARILY ABANDON

11.

OTHER:

| Submit 3 Copies to Appropriate District Office | | ew Mexico ural Resources Department | Form C-103 Revised 1-1-89 |
|---|--|---|---|
| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | | ATION DIVISION ox 2088 | WELL API NO. 38-025-30532 |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | 5. Indicate Type of Lease STATE X FEE | | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | 6. State Oil & Gas Lease No. E-1635 |
| (DO NOT USE THIS FORM FOR PI DIFFERENT RES | TICES AND REPORTS OF ROPOSALS TO DRILL OR TO D ERVOIR. USE "APPLICATION F C-101) FOR SUCH PROPOSALS | EEPEN OR PLUG BACK TO A OR PERMIT | 7. Lease Name or Unit Agreement Name |
| I. Type of Well: OIL GAS WELL X WELL | OTTER | | Reeves State |
| 2. Name of Operator | | | 8. Well No. |
| Hondo Oil & Gas Comp | pany | | 1 |
| 3. Address of Operator | | | 9. Pool name or Wildcat |
| P. O. Box 2208, Ross | well, NM 88202 | | Reeves Queen |
| 4. Well Location | | | |
| Unit Letter D :3. | 30 Feet From The No. | th Line and 660 | Feet From The West Line |
| 5.4 27 | m 100 | ם מו | NO CONTROL |
| Section 27 | Township 18S | Range 35E whether DF, RKB, RT, GR, etc.) | NMPM Lea County |
| | | 3904' GR | <i>\{\}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> |
| 11. Checl | k Appropriate Box to Ind | icate Nature of Notice E | Report or Other Data |
| | NTENTION TO: | | BSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| EMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLIN | G OPNS. PLUG AND ABANDONMENT 🗵 |
| PULL OR ALTER CASING | | CASING TEST AND C | EMENT JOB |
| OTHER: | | OTHER: | |
| 12. Describe Proposed or Completed Opwork) SEE RULE 1103. | perations (Clearly state all pertinent d | details, and give pertinent dates, incl | uding estimated date of starting any proposed |
| | Perforated 4 holes @ Class "C" neat. Cir Installed dry hole m | culated 10 sx. to s | |
| | | | |
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| | | | |

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | |
|--|--------------------|-----------------------|--|--|--|--|
| SIGNATURE E. Z. Balling J. TITLE | Petroleum Engineer | _ DATE <u>4/21/89</u> | | | | |
| TYPE OR PRINT NAME | | TELEPHONE NO. | | | | |

(This space for State Use)

OIL'& GAS'INSPECTOR

JUL 2 1 1989

CONDITIONS OF APPROVAL, IF ANY: