Submit 3 Coples to Appropriate District Office

## State of New Mexico inerals and Natural Resources Department Energ

Form C-103 Revised 1-1-89

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^**	0041077	 	 	 	~-	 	

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		Mexico 87504-2088	30-025-30595  5. Indicate Type of Lease				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	STATE X FEE  6. State Oil & Gus Lease No.  K-3581-1						
( DO NOT USE THIS FORM FOR PR DIFFERENT RESE	TICES AND REPORTS COPOSALS TO DRILL OR TO RVOIR. USE "APPLICATION C-101) FOR SUCH PROPOSA	DEEPEN OR PLUG BACK TO FOR PERMIT					
1. Type of Well: Oil Well X Well Well	OTIER		Lea 946 State				
2. Name of Operator		•	8. Well No.				
Hondo Oil & Gas Compa	iny		4				
Address of Operator     P. O. Box 2208, Roswe     Well Location	ell, NM 88202		9. Pool name or Wildcal  Buckeye al-c				
Unit Letter G ; 23	307 Feet From The North	th Line and	1980 Feet From The East Line				
Section 3	Township 18S	Range 35E	NMPM Lea County				
	//////	w whether DF, RKB, RT, GR, etc.)					
ıı. Check	Appropriate Roy to In		Papart or Other Date				
NOTICE OF IN	c, Report, or Other Data UBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT X				
PULL OR ALTER CASING		CASING TEST AN	D CEMENT JOB				
OTHER:		_ OTHER:					
<ol> <li>Describe Proposed or Completed Ope work) SEE RULE 1103.</li> </ol>	rations (Clearly state all pertinent	details, and give pertinent dates,	including estimated date of starting any proposed				
This well was p	olugged as follows:	: .					
(2) jet o	cut 5 $1/2$ " casing (	ith 35' of cement of 7000' and pulled plug in and out of					
stub	from 7050-6771'	prug in and out of	5 1/2 Casing				
	was set @ 4687'	F 4420 4220 I					
	0 sx. cement plug sx. cement plug						
	= =	from 30' to surfac	ce				
		nstalled dry hole m					
Plugging proced  I hereby certify that the information above lay		z, NMOCD-Hobbs Dist	rict Office.				
SIONATURE	Manou	-	ng Technician DATE 7/16/90				
TYPE OR PRINT NAME Lisa Bo	505/625-6739 Tielephone no.						
(This space for State Use)	-106 1						
APTROVED BY June 100 Com	( Smill	ти	DATE				
COMPANY OF APPROVAL BLANCE							