

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ WIW	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Hondo Oil & Gas Company	8. FARM OR LEASE NAME Mescalero Ridge Unit 26
3. ADDRESS OF OPERATOR P. O. Box 2208, Roswell, NM 88202	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FSL & 1980' FWL	10. FIELD AND POOL, OR WILDCAT Pearl Queen
14. PERMIT NO.	11. SEC., T., R., W., OR BLK. AND SURVEY OR ARRA Sec. 26-T19S-R34E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3751' KB	12. COUNTY OR PARISH Lea
	13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☒
(Other) Repair Inj. Line Leak			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

2/7/89 Had injection line leak. Sprayed approximately 5 bbls. out.
Repaired leak and cleaned up.

RECEIVED
FEB 23 8 58 AM '89
CIT
AM...

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Production Superintendent DATE 2/15/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY: _____ DATE _____

MAR 23 1989

*See Instructions on Reverse Side

SJS

CARLSBAD, NEW MEXICO