

**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

(Other instructions on reverse side)

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Change of Operator</p> <p>2. NAME OF OPERATOR          Hondo Oil and Gas Company</p> <p>3. ADDRESS OF OPERATOR          105 East 3rd, Suite 415, Roswell, NM 88201 C. D.</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)          At surface</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO.          LC-029395-B</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME          Turner "B"</p> <p>9. WELL NO.          78</p> <p>10. FIELD AND POOL, OR WILDCAT          Grayburg Jackson-7R, O.G.S.A.</p> <p>11. SEC., T., R., M., OR BLE. AND SUBST OR ASNA          Sec. 20, T-17S, R 31E</p> <p>12. COUNTY OR PARISH          Eddy</p> <p>13. STATE          NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)          2080' FSL &amp; 1980' FEL</p>	

JUN - 6 1987  
 ARTESIAN OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
RIIOUT OR ACIDIZER <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Change of Operator ☒ X

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.)

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

The parties listed below wish to notify this Commission of the change of operator for the well described above.

From: Arco Oil and Gas Company, a Division of Atlantic Richfield Company  
 P. O. Box 1610  
 Midland, Texas 79702

TO : Hondo Oil and Gas Company  
 105 West 3rd Street, Suite 415  
 Roswell, New Mexico 88201

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

SIGNED Layne Collins

TITLE Production Clerk

DATE 3/20/87

(This space for Federal or State office use)

Orig. Sgd. Linda

APPROVED BY Acting

TITLE

DATE JUN 3 1987

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side