

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions  
reverse side)

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Change of Operator		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-029426-B</u>	
2. NAME OF OPERATOR <u>Hondo Oil and Gas Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>105 East 3rd, Suite 415, Roswell, NM 88201</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) At surface <u>660' FSL &amp; 660' FEL</u>		8. FARM OR LEASE NAME <u>H. E. West B</u>	
14. PERMIT NO.		9. WELL NO. <u>25</u>	
15. ELEVATIONS (Show whether f, rt, or, etc.) <u>O. C. D.</u> <u>ARTESIA, OFFICE</u>		10. FIELD AND POOL, OR WILDCAT <u>Grayburg Jackson-7R, O.G.S.A.</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA <u>Sec. 3, T-17S, R-31E</u>	
		12. COUNTY OR PARISH <u>Eddy</u> 13. STATE <u>NM</u>	

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
RIIOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) Change of Operator <input checked="" type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)

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 and State office use)

APPROVED BY Acting Area Manager

TITLE

DATE 5/15/87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side