Form 3160-5 (November 1983) (Formerly 9-331)	lovember 1983) UNII / SIAIES SUBMIT IN TRIPLIC 50			Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO 10-039435 (3		
	DRY NOTICES AND REI form for proposals to drill or to deel Use "APPLICATION FOR PERMIT"		eservoir.	6. IF INDIAN, ALLOTTE	E OR TRIBE NAME	
OIL GAR Change of Operator				7. UNIT AGREEMENT NAME		
WELL WELL OTHER Change of Operator 2. NAME OF OPERATOR				8. FARM OR LEASE NAME J. L. Keel "B"		
Hondo Oil and Gas Company RECEIVED BY						
105 Pa	st 3rd, Suite 415, Rosy	111 274 00001		9. WBLL RO.		
4. LOCATION OF WELL (R See also space 17 belo At surface	eport location clearly and in accordan	Airp Bille id tenid 38 de.		10. PIBLD AND POOL, O		
	:	O. C. D.		11. MBC., T., R., M., OR I	SON-7R, Q.G.S.A.	
	554' FNL & 554' F	WL ARTESIA, OFFICE		Sec. 6, T-17S	D-31F	
14. PERMIT NO.	15. ELEVATIONS (Sho	w whether DF, RT, GR, etc.)		12. COUNTY OR PARISH	18. STATE	
16.	Check Appropriate Box To	ndicate Nature of Notice,			<u>NM</u>	
N	OTICE OF INTENTION TO:		·	NT REPORT OF:		
TEST WATER SHUT-OF	PULL OR ALTER CISING	WATER SHUT-	orr :	REPAIRING 1	TELL	
FRACTURE TREAT NHOOT OR ACIDIZE	MULTIPLE COMPLETE ABANDON®	FRACTURE TRE		ALTERING CA		
REPAIR WELL	CHANGE PLANE	(Other)	ACIDIZING	ABANDONME	" " *	
(Other) Change 17. DESCRIBE PROPOSED OR Proposed work. If nent to this work.) *	of Operator COMPLETED OPERATIONS (Clearly state well is directionally drilled, give sub-	Complet	ion or Recomplet	f multiple completion lon Report and Log for actuding estimated dat depths for all markers	m .)	
The par for the	ties listed below wish well described above.	to notify this Com	mission of	the change o	f operator	
From:	Arco Oil and Gas Compa	ny, a Division of A	tlantic Ri	Chfield Compa	737	
	P. O. Box 1610	1.	,,,,	on reru compan		
	Midland, Texas 79702					
	Hondo Oil and Gas Comp	any	N	1		
	105 West 3rd Street, S					
	Roswell, New Mexico 8	8201				
			:			
		•	• •			
		;				
				1		
8. I bereby certify that th	ne foregoing is true and correct					
SIGNED Same	Asides	TLE Production Cle	rk	DATE _3/20/	······································	
(This space for Federa	or State office use)			DATE3/20/		
APPROVED BY	, Linda S. C. ইফন্টিফ [া]	n, m		DATE JUN		
CONDITIONS OF APP	RAVAL IF ANY:	rle	:	DATE OUN	1987	

*See Instructions on Reverse Side