

BUREAU OF LAND MANAGEMENT

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.)

5. LEASE DESIGNATION AND SERIAL NO. 458

LC-029395-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL ☐ GAS ☐ OTHER ☐ Change of Operator

2. NAME OF OPERATOR

Hondo Oil and Gas Company

3. ADDRESS OF OPERATOR

105 East 3rd, Suite 415, Roswell, NM 88201 O.C.D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

660' FNL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, OR, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner "B"

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Fren Seven Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 20, T-17S, R-31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐RIIOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETION ☐ABANDON* ☐CHANGE PLANE ☐

(Other) Change of Operator

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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 Larry LollerTITLE Production ClerkDATE 3/20/87

(This space for Federal or State office use)

APPROVED BY Orig. Sgd. Linda S. C. RundellTITLE Regional ManagerDATE JUN 3 1987

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side