(Formerly 9-331)			AB 14-	5. LEASE DESIGNATION AND SESIAL NO.		
BUREAU C _AND MANAGEMENT				LC-029395-B		
	DRY NOTICES AND REPORT OF THE PROPERTY OF THE		ir.	. if indian, allot	FRE OR TRIBE NAME	
OIL GAS T				7. UNIT AGREEMENT NAME		
WELL WELL OTHER Change of Operator 2. NAME OF OPERATOR				B. FARM OR LEASE NAME		
Hondo Oil and Gas Company				Turner "B"		
3. ADDRESS OF OPERATOR				9. WELL NO.		
105 Ea	st 3rd, Suite 415, Roswe	11, NM 88201		36		
See also space 17 belo	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. FIELD AND POOL,	_	
		RECEIVED BY		Fren Seven R: 11. sac., T., S., M., O	BLE. AND	
990' FNI	L & 1650' FEL	JUN - 6 1987		#0#7#7 0# AN		
14. PERMIT NO.	16. BLEVATIONS (Show	whether or, at, ca, etc.)		Sec. 20, T-17S, R-31E 12. COUNTY OR PARIABLE 18. STATE		
	<u> </u>	O. C. D.	I	Eddy	NM	
₫.	Check Appropriate Box To In	ARTESIA, OFFICE dicate Nature of Notice, Repo	of Or	her Data		
,	OTICE OF INTENTION TO:	1	•	NT REPORT OF:		
TEST WATER SHUT-O	PULL OR ALTER CASING			4		
FRACTURE TREAT	MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATME	NT -	ALTERING		
SHOUT OR ACIDIZE	ABANDON®	BEOUTING OR ACIDIS		ABANDON M		
REPAIR WELL	CHANGE PLANS	(Other)				
(Other) Change	of Operator	X 1 Completion of	· Recompleti	l multiple completion ion Report and Log f	orm.)	
7. DESCRIBE PROPOSED OR proposed work. If	COMPLETED OPERATIONS (Clearly state a well is directionally drilled, give subsu	II pertinent details, and give pertine rface locations and measured and tri	nt dates, in ve vertical (cluding estimated di depths for all marke	te of starting any	
nent to this work.) *				3.	ä	
The pa	rties listed below wish	to notify this Commiss	sion of	the change	of [:] operator	
	e well described above.				or, operator	
		·	٠.		•	
From:	Arco Oil and Gas Compan	y, a Division of Atlar	ntic (Ri	chfield Compa	any	
	P. O. Box 1610					
	Midland, Texas 79702					
TO •	Hondo Oil and Gas Compa	.nv				
10 .	105 West 3rd Street, Su					
		201		<u>.</u>		
			.• '			
		•			• ,	
		:				
	•					
. I bereby certify that t	he foregoing is true and correct			1 7 3		
BIGNED Saym	c Colles TIT	LEProduction_Clerk	<u> </u>	DATE 3/20)/87	
(This space for Federa	al or State office use)					
Orig	. Sgd. Linda S. C. Rundell		•	22.151		
CONDITIONS OF API	ROVAL IF ANY:	MB		DATE JUN	81967	
	,	<u>.</u>		:		
	*See Inst	ructions on Reverse Side				
				1		