

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Change of Operator</u>	6. LEASE DESIGNATION AND SERIAL NO. <u>LC-029426-B</u>
2. NAME OF OPERATOR <u>Hondo Oil and Gas Company</u>	7. 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 any State requirements. See also space 17 below.) <u>At surface</u> <u>660' FNL & 660' FEL</u>	8. FARM OR LEASE NAME <u>H. E. West B</u>
	9. WELL NO. <u>28</u>
	10. FIELD AND POOL, OR WILDCAT <u>Grayburg Jackson-7R, O.G.S.A</u>
	11. SEC. T., S., M., OR BLE. AND SURVEY OR AREA <u>Sec. 9, T-17S, R-31E</u>
14. PERMIT NO.	12. COUNTY OR PARISH <u>Eddy</u> 13. STATE <u>NM</u>
15. ELEVATIONS (Show whether Dr., RT, or FEL)	

MAY 18 1987
O.C.D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other) <u>Change of Operator</u>	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

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 Collic TITLE Production Clerk

DATE 3/20/87

(This space for Federal or State office use)
Orig. Sgd. Linda S. Buehler

APPROVED BY Acting Area Manager TITLE _____

DATE 5-15-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side