

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
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 ☐ GAS WELL ☐ 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

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

660' FSL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-029435-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J. L. Keel "A"

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson-7R, Q.G.S.A.

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

Sec. 7, 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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETION

RIPOUT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Other) Change of Operator

(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

Jaime Collier

TITLE Production Clerk

DATE 3/20/87

(This space for Federal or State office use)

Orig. Sgd. Linda S. C. Wendell

APPROVED BY

Acting Area Manager

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side