

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
verse 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.  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: 1980' FSL & 660' FEL

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) \_\_\_\_\_

RECEIVED BY  
JUN 11 1987  
ARTESIA OFFICE

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.: 10

10. FIELD AND POOL, OR WILDCAT: Grayburg Jackson-7R, Q.G.S.A.

11. SEC., T., R., M., OR BLE. AND SURVEY OR ARMA: Sec. 7, T-17S, R-31E

12. COUNTY OR PARISH: Eddy 13. STATE: NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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 Rayme Liles TITLE Production Clerk DATE 3/20/87

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

APPROVED BY Acting Area Manager TITLE \_\_\_\_\_ DATE JUN 3 1987

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side