

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

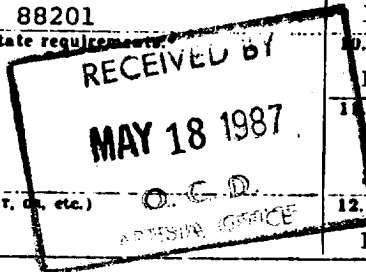
SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Change of Operator		7. UNIT AGREEMENT NAME West Red Lake Unit	
2. NAME OF OPERATOR Hondo Oil and Gas Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 105 East 3rd, Suite 415, Roswell, NM 88201		9. WELL NO. 13	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL & 990' FEL		10. FIELD AND POOL, OR WILDCAT Red Lake Queen, Grayburg SA	
14. PERMIT NO.		11. SEC. T, R, M, OR BLE. AND SURVEY OR AREA Sec. 7, T-18S, R-27E	
15. ELEVATIONS (Show whether Dr, RT, OR, etc.)		12. COUNTY OR PARISH Eddy	
		13. STATE NM	



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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other) Change of Operator		X	

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)			

(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 Collier TITLE Production Clerk DATE 3/20/87

(This space for Federal or State office use)

APPROVED BY Acting Area Manager TITLE DATE 5-15-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side