

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
reverse side)

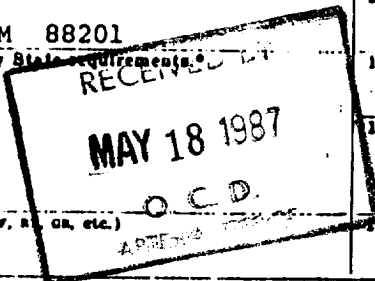
Budget Bureau No. 1004-0135
Expires August 31, 1985

C/SF

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 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. 18	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FWL		10. FIELD AND POOL, OR WILDCAT Red Lake Queen, Grayburg SA	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, R, or, etc.)	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 8, T-18S, R-27E	
		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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
RILOUT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANT	<input type="checkbox"/>		

(Other) Change of Operator ☒ X

(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 <u>Rayne Collier</u>	TITLE <u>Production Clerk</u>	DATE <u>3/20/87</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>5-15-87</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side