

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions  
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>	7. UNIT AGREEMENT NAME <u>West Red Lake Unit</u>
2. NAME OF OPERATOR <u>Hondo Oil and Gas Company</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>105 East 3rd, Suite 415, Roswell, NM 88201</u>	9. WELL NO. <u>33</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660' FNL &amp; 860' FEL</u>	10. FIELD AND POOL, OR WILDCAT <u>Red Lake Queen, Grayburg SA</u>
14. PERMIT NO.	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA <u>Sec. 8, T-18S, R-27E</u>
15. ELEVATIONS (Show whether ft., RT, OR, etc.) <u>O.C.D.</u> <u>ARTESIA, COLORADO</u>	12. COUNTY OR PARISH <u>Eddy</u>
	13. STATE <u>NM</u>

RECEIVED BY  
MAY 18 1987  
O.C.D.  
ARTESIA, CO

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"/>
SHOOT 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 PLANE	<input type="checkbox"/>		
(Other) <u>Change of Operator</u>	<input checked="" 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 <u>Layne Lellis</u>	TITLE <u>Production Clerk</u>	DATE <u>3/20/87</u>
(This space for Federal or State office use) Orig. Sgd. Linda S. C. Randall		
APPROVED BY <u>Acting Area Manager</u>	TITLE	DATE <u>5-15-87</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side