

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on 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 <input checked="" type="checkbox"/> Change of Operator	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Hondo Oil and Gas Company	Pecos Federal Gas Com
3. ADDRESS OF OPERATOR	9. WELL NO.
105 East 3rd, Suite 415, Roswell, NM 88201	10. FIELD AND POOL, OR WILDCAT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	Avalon Strawn Gas
660' FEL & 1980' FSL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	Sec. 32, T-20S, R-27E
15. ELEVATIONS (Show whether DF, RT, OR, etc.)	12. COUNTY OR PARISH
O. C. D.	Eddy
ARTESIA, C.	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 COMPLETE	<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	<input checked="" type="checkbox"/>		

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)	<input 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 Layne Collis TITLE Production Clerk DATE 3/20/87

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

APPROVED BY Acting Area Manager TITLE  DATE JUN 3 1987

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side