

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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 wells in a surface reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		JUN 08 1987		5. LEASE DESIGNATION AND SERIAL NO. SF-08212	
2. NAME OF OPERATOR HEBRO OIL CO.		BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 4381 BOYSCOUT LANE EL PASO, TEX 79922		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE/4 SW/4 sec 5 T30N R15W		7. UNIT AGREEMENT NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5400		8. FARM OR LEASE NAME MAHAR COPPLE	
				9. WELL NO. # 7	
				10. FIELD AND POOL, OR WILDCAT Verde HALLUP	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4 SW/4 sec 5 T30N R15W	
				12. COUNTY OR PARISH SAN JUAN	
				13. STATE N.M.	

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 PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) TEMPORARY ABANDON

(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.)*

SUBJECT WELL HAS TUBING STUCK IN HOLE - HEBRO OIL CO.
MADE 1 ATTEMPT TO PULL LOOSE WHILE BLOWING WITH
NITROGEN. RIG WAS TOO SMALL TO PULL TUBING LOOSE.
INTEND TO GET LARGE RIG + PULL TUBING AND PUT
ON PUMP AS SOON AS SALT WATER DISPOSAL WELL
IS COMPLETED.

18. I hereby certify that the foregoing is true and correct

SIGNED W. F. Fend TITLE Vice Pres. DATE 5-22-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 29 1987

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
BY Smn

*See Instructions on Reverse Side