

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <u>NM-12497</u>	
2. NAME OF OPERATOR <u>HeBCO Oil Co.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>1509 SO. IRON DENING N.M. 88030</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>SEC. 21 T26N R1E RIO ARriba COUNTY</u> <u>NE/4 SE/4 1950/s NEW MEXICO</u> <u>510/E</u>		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. <u>GRAN 1R</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>7100' 7453 GL</u>		10. FIELD AND POOL, OR WILDCAT <u>VERTO Chiquito EAST</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SEC. 21 T26N R1E N.M.</u> <u>RIO ARriba</u>	
		12. COUNTY OR PARISH <u>RIO ARriba</u>	
		13. STATE <u>NEW MEX.</u>	

16. 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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input 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.)\*

SUBJECT well needs downhole PUMP replaced.  
Intend to move pulling unit on hole & REPAIR.  
DUE TO WEATHER it is imposible To get TO well  
NOW. WE REQUEST A 90 DAY EXTENTION  
UNTIL SNOW & mud is gone so we can get  
in and do REPAIRS NECESSARY.

THIS APPROVAL IS NOT VALID WITHOUT SIGNATURE

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

SIGNED W. K. Hand

TITLE Asst

DATE 1-26-85

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

James E. Edwards Jr.

\*See Instructions on Reverse Side  
NMOCC