

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 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, INC.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>Box 804, Socorro, NM 87801 & 4381 Boy Scout Lane, El Paso</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. TX 79922 See also space 17 below.) At surface <u>SEC. 21 T26N R1E RIO ARriba COUNTY</u> <u>NE/4 SE/4 NEW MEXICO</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'</u>	10. FIELD AND POOL, OR WILDCAT <u>Puerto Chiquito EAST</u>
	11. SEC. T., R., M., OR ALX. 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 COMPLETION	<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)			

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)			

(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).*

This well being capable of producing oil in paying quantities, plans have been submitted (according to a court order) to attorneys, for money to be released to replace the motor clutch; pull the tubing; use a bailer to clean out the hole; swab hole until all KCL water has been removed. Plans to repair this well will hopefully take place in the month of July, 1995. The speed this repair takes place is contingent on the cooperation of attorneys Albert Costales and Don Klein Jr.

RECEIVED
JUN 27 1995
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature]

TITLE Agent

DATE 06/01/95

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE Chief, Lands and Mineral Resources

DATE JUN 26 1995

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side