

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. 5F-080212
2. NAME OF OPERATOR IHE 300 OIL CO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 4381 130Y SOUT LN EL PASO TX 79922	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 NE 1/4 SW 1/4	8. FARM OR LEASE NAME MALLO COPPLE
14. PERMIT NO.	9. WELL NO. # 7
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5400'	10. FIELD AND POOL, OR WILDCAT VERDE GALLUP
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE 1/4 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 checked="" type="checkbox"/>	CHANGE PLANS <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.)*

OPERATOR PLANS TO PULL TUBING THAT IS STUCK IN HOLE.
CLEAN HOLE & PUT ON PUMP.

RECEIVED
JUN - 8 1992
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
92 JUN - 4 AM 11:18
019 FARMINGTON, N.M.

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

SIGNED W. R. H. H. H.

TITLE OWNER

DATE 10-5-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
DATE _____

JUN 04 1992

Ken Townsend

AREA MANAGER

*See Instructions on Reverse Side