

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.<br>SF 080212                   |
| 2. NAME OF OPERATOR<br>Hebco Oil   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                               |
| 3. ADDRESS OF OPERATOR<br>4381 Boy Scout Lane El Paso TX   |  | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>1800' FNL 600' FWL |  | 8. FARM OR LEASE NAME<br>Malco Copple                              |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>#3  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>5422 Gr  |  | 10. FIELD AND POOL, OR WILDCAT<br>Verde Gallup                     |
|  |  | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 5 T30N R15W |
|  |  | 12. COUNTY OR PARISH 13. STATE                                     |

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"/> | PCLL 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 PLANE <input type="checkbox"/>         | (Other) <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.)

We will set the drilling rig on this location and dig holding pits in order to clean out bottom 200' of well and try to put it back in production. This work will be done sometime in the month of May if no other problems occur.

RECEIVED

MAR 17 1986

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

RECEIVED

MAR 20 1986

OIL CON. DIV.  
DIST. 3

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

|  |                        |                      |
|--|------------------------|----------------------|
| SIGNED <u>W. K. Hand</u>                     | TITLE <u>Vice Pres</u> | DATE <u>3-12-86</u>  |
| (This space for Federal or State office use) |                        |                      |
| APPROVED BY _____                            | TITLE _____            | DATE <u>1 8 1986</u> |
| CONDITIONS OF APPROVAL, IF ANY:              |                        |                      |

\*See Instructions on Reverse Side