

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse 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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <i>Herco Oil Co.</i></p> <p>3. ADDRESS OF OPERATOR <i>4321 Boy Scout Lane El Paso, Tex. 79922</i></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>15 miles west 3 miles north of Farmington N.M. NE/4 NE/4 9901N x 8901E Sec. 5 T30N R15W</i></p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <i>SF-080712</i></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <i>Herco - Co. PPLC</i></p> <p>9. WELL NO. <i># 8</i></p> <p>10. FIELD AND POOL, OR WILDCAT <i>Verde Hallup</i></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>NE/4 NE/4 Sec. 5 T30N R15W</i></p> <p>12. COUNTY OR PARISH 13. STATE <i>SAN JUAN N.MEX.</i></p>
<p>15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>5476 BR. Level</i></p>	

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"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>

PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>
(Other)	<input type="checkbox"/>

REPAIRING WELL	<input type="checkbox"/>
ALTERING CASING	<input type="checkbox"/>
ABANDONMENT*	<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.)*

*Intend to clean well with sand pump.
Run 3 1/2 tubing & snub well to see if
it will be commercially productive.
Work with cement shortly after state
approve start water disposal well.*

RECEIVED
BLM MAIL ROOM
87 JUL 16 AM 10:20
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
AUG 03 1987
OIL CON. DIV.
DIST. 3

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

SIGNED *W. K. Hill*

TITLE *Vice Pres.*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED	
DATE <i>7-12-87</i>	
<p align="center">AUG 31 1987 <i>James Keller</i> AREA MANAGER FARMINGTON RESOURCE AREA</p>	

*See Instructions on Reverse Side