Form 3160-5 (November 1983) (Formerly 9-331)

UNITED STATES UNITED STATES SUBMIT IN TRIPLICATE (Other Instructions on reverse side)

Form approved. 35

Budget Bureau No.	1004-013
Expires August 31,	1985

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٠.	LEASE	DESIGNA	MOIT	AND	SERIAL	NO
	/ _		.			

BUREA	U OF LAND MAN	AGEMENT	SF-080212
SUNDRY NOT (Do not use this form for propor Use "APPLICA"	ICES AND REF	PORTS ON WELLS en or plug back to a different reservoir. "for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL OTHER 2. NAME OF OPERATOR			7. UNIT AGREEMENT NAME
HeBCO OLL Co.			8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR			MALCO COPPLE
1/301 BOY SOUT	1	/ つ・・・・・・・	0 ====
4. LOCATION OF WELL (Report location of	pre El	1 PASO, Tex 79922	# 2
4. LOCATION OF WELL (Report location of See also space 17 below.) At surface	early and in accordant	ce with any State requirements *	10. FIELD AND POOL, OR WILDCAT
NE /4 NW/4		RECEIVED	Verde HALLUP
SEC. 5 T. 30 N	RIEW	JUN 08 1987	11. SEC., T., E., M., OR BLE. AND SURVEY OF AREA SCC. ST 304 R 15 W
14. PERMIT NO.	15. ELEVATIONS (Show	whether DF RT. GR. etc.)	NE/4 NW/4
	5460	BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	12. COUNTY OR PARISH 13. STATE
Check Ap	propriate Box To J	ndicate Nature of Notice Report	Oth D

e of Notice, Keport, or Uther Data

NOTICE OF	NTENTION TO:	SUBSEQUENT REPORT OF:
FRACTURE TREAT SHOOT OR ACIDIZE LEPAIR WELL	PULL OR ALTER 'ASING MULTIPLE COMP ETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) ABANDONMENT®
Other) SCRIBE PROPOSED OR COMPLETE	O OPERATIONS (Clanyly state all	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DE SCRIBE 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 has T" CASING, MAKING IT POSSIBLE TO drith deeper. IF request to change disposal well FROM This WELL TO # 6 WE INTEND TO APPLY FOR PERMIT TO deeper well 500 FT.

M. CON. DIV.)
DIST. 3

*See Instructions on Rev	erse Side
NMOCC	
APPROVED BY TITLE TITLE	DATE
(This space for Federal or State office use)	JUN 1 9 1987
SIGNED W. K. Frank TITLE VILLE J.	105. DATE 5-22-87
18. I hereby certify that the foregoing is true and correc:	APPROVED
	and the state of t