

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. SP-080212	
2. NAME OF OPERATOR HEBCO OIL CO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 4381 BOY SCOUT LANE EL PASO TEX. 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 UNIT LETTER 13 765' FROM NORTH LINE + 2160' FROM EAST SEC. 5 T30N R15W SAN JUAN COUNTY N.M.		8. FARM OR LEASE NAME MACCO Cattle	
14. PERMIT NO.		9. WELL NO. SHAILA #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5471		10. FIELD AND POOL, OR WILDCAT VERDE HALLUP	
		11. SEC., T., R., M., OR BLK. AND SUBSET OR AREA S. 5 30N 15W	
		12. COUNTY OR PARISH SAN JUAN	
		13. STATE N. Mex.	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) X WELL EVALUATION	

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) <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.)*

AS PER OUR CONVERSATION TEMPORARY USE OF SURFACE PIT
FOR PERIOD OF 30 DAYS NEEDED FOR WELL EVALUATION.
PIT IS IN PLACE, FENCED + READY TO USE.
INTEND TO MOVE PUMPING UNIT ON WELL + START PUMPING
+ TEST OPERATION AS SOON AS POSSIBLE.

RECEIVED
SEP 1 1988
OIL CON. DIV.
DIST. 3

APPROVED
AUG 29 1988
B. K. Hand
AREA MANAGER

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

SIGNED

W. K. Hand

TITLE

Vice Pres.

DATE

8-26-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NR0006

*See Instructions on Reverse Side