

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

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <i>HERCO OIL CO.</i></p> <p>3. ADDRESS OF OPERATOR <i>4321 Bee Sprout Lane EL PASO TX 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>1730' FWL AND 1790' FWL SEC 5 T30N R15W</i></p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <i>SF-080212</i></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <i>MALCO COPPLE</i></p> <p>9. WELL NO. <i>#5 MC</i></p> <p>10. FIELD AND POOL, OR WILDCAT <i>VERDE GALLUP</i></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>SEC. 5 T30N R15W</i></p> <p>12. COUNTY OR PARISH 13. STATE <i>SAN JUAN NM</i></p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>5463 GR</i></p>
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JAN 30 1987

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 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.)*

THE WELL IS STILL SHUT IN. THE WELL IS MAKING ABOUT 2 1/2 BBL PER DAY AND NO GAS.

RECEIVED
FEB 09 1987
CON. DIV.
DIST. 3

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

SIGNED *[Signature]* TITLE *Asst* DATE *JAN 28 1987*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE *FEB 06 1987*

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
BY *SMW*

*See Instructions on Reverse Side