

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
Other instructions on reverse side

Form approved.
Budget Bureau No. 1004-0125
Expires August 31, 1985

1. LEASE DESIGNATION AND SERIAL NO.

2. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for completion of well logs or depth or log back to a different reservoir.
Use APPLICATION FOR PERMIT-1 for well proposals.

3. NAME OF OPERATOR <i>HERCO OIL CO.</i>		7. UNIT AGREEMENT NAME	
4. ADDRESS OF OPERATOR <i>1509 SO. IRON DENVER, N.M. 87030</i>		8. FARM OR LEASE NAME <i>MARCO-COPIE</i>	
5. LOCATION OF WELL. Report well location and is in accordance with any State requirements. See also advice 17 below At surface: <i>SE/4 NW/4 SEC 5 T30N R15W 17.1/17.90W</i> <i>SAN JUAN COUNTY NEW MEXICO.</i>		9. WELL NO. <i>MC # 5</i>	
6. ELEVATION. Show whether 10, 20, 30, etc.		10. FIELD AND POOL, OR WILDCAT <i>VERDE - SA 110P</i>	
11. COUNTY OR PARISH		12. STATE <i>N.M.</i>	

Check appropriate box to indicate Nature of Notice, Report, or Other Data

1. INITIAL REPORT

2. SUBSEQUENT REPORT OF:

1. INITIAL REPORT	2. SUBSEQUENT REPORT OF:	3. WATER SHUT-IN	4. REPAIRING WELL
5. PLUGGING	6. ALTERING CASING	7. FRACTURE TREATMENT	8. ALTERING CASING
9. ABANDONMENT	10. ABANDONMENT	11. OTHER	12. OTHER

When reporting results of multiple completion or well log, include or Recalculation Report and Log form.

As requested by ZIM letter dated Dec. 15, 1988
The following has been completed

Fit has been filled
Location has been surveyed of all trash
And equipment not needed.

RECEIVED
FARMING ROOM
69 JAN 18 PM 1:13
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED

FEB 07 1989

OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD

FEB 03 1989

FARMINGTON RESOURCE AREA

I hereby certify that foregoing is true and correct

BY *[Signature]*

SIGNED *W. K. Hand*

TITLE *Agent*

DATE *1-17-89*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOCC

*See Instructions on Reverse Side