

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 1004-0  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL  
SF-078924-A

6. IF INDIAN, ALLOTTEE OR TRIBE NO.

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 ☒ GAS WELL ☐ OTHER ☐  
2. NAME OF OPERATOR  
BCO, Inc.  
3. ADDRESS OF OPERATOR  
135 Grant Avenue, Santa Fe, New Mexico 87501  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
790 FNL 1650 FWL 21 - 24N - 7W N.M.P.M.

7. UNIT AGREEMENT NAME  
Escrito Gallup

8. FARM OR LEASE NAME  
Escrito Unit 3

9. WELL NO. 3-21 #1  
#18 (formerly Fed 3-

10. FIELD AND POOL, OR WILDCAT  
Escrito Gallup

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
21 - 24N - 7W

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

12. COUNTY OR PARISH 13. STATE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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 a  
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones per-  
nent to this work.) \*

Suspect casing leak in subject well.

Request permission to isolate leak and squeeze with  
cement as necessary. Well will also be fracture  
stimulated if determined economical to do so.

RECEIVED  
JUL 13 1992  
OIL COMMISSION  
DISTRICT

RECEIVED  
JUL 14 1992  
BUREAU OF LAND MANAGEMENT

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

SIGNED

Elizabeth B. Keeshan

TITLE

President

DATE

July 13, 1992

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUL 17 1992

AREA MANAGER

NNOOO

\*See Instructions on Reverse Side