

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-08-0001-8697
NM-03595

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well | 7. UNIT AGREEMENT NAME Escrito Gallup Unit |
| 2. NAME OF OPERATOR Bco, Inc. | 8. FARM OR LEASE NAME Escrito Gallup Unit |
| 3. ADDRESS OF OPERATOR P. O. Box 669 Santa Fe, N.M. | 9. WELL NO. 14 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790 FSL 790 FEL Sec 17 T24N R7W | 10. FIELD AND POOL, OR WILDCAT Escrito Gallup |
| 14. PERMIT NO. | 11. T., R., S., E., M., OR BLK. AND SURVEY OR AREA 17 24N 7W NMPM |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7313 KB | 12. COUNTY OR PARISH Rio Arriba |
| | 13. STATE N.M. |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL 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) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

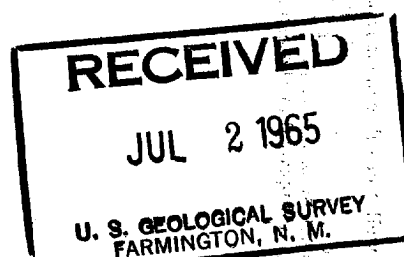
| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input checked="" type="checkbox"/> Change to Injection Well | |

(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.)*

5-28-65 injected approximately 50 Bbls of Condensate & 30 Bbls. Iso-propyl alcohol to increase permeability of water with Gallup sand. Started injecting approximately 500 Bbls. water per day at 325 pounds injection pressure.

We hope to increase injection per day up to 750 Bbls. as soon as we put a bigger pump in our water well to get more volume



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

SIGNED Harvey R. Bigler TITLE Vice President DATE 7-1-65

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

