UNI DEPARTMEN GEOL SUNDRY NOTICES (Do not use this form for proposals to Use "APPLICATION") OIL WELL GAS WELL OTHER NOTICE. 2. NAME OF OPERATOR BCO, Inc. 3. ADDRESS OF OPERATOR P.O. Box 669, Santa Fe,	-Commercial well.	WELLS to a different reservoir. sals.)	5. LEASE DESIGNATION AND SERVAL NO. NM-03595 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Judy 9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790 FEL and 790 FSL Sec 17 T24N R7W NMPM			10. FIELD AND FOOL, OR WILDCAT WILDCAT 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-24N-7W NMPM
14. PERMIT NO.	GR 7305	GR, etc.)	12. COUNTY OR PARISH 13. STATE RIO Arriba NM
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•••	oriate Box To Indicate Natu	• • •	
FRACTURE TREAT MULTI SHOOT OR ACIDIZE ABAND	OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report res	REPAIRING WELL ALTERING CASING ABANDONMENT* Wilts of multiple completion on Well ompletion Report and Log form.)
50 sacks Class A squeeze but co44. HJ 4" shots. Squ 5- 3-73 Ran cement bond 5- 4-73 Perforated with 5-16-73 Set E-Z drill at 5-18-73 Ran cement bond 5-19-73 Set RTTS at 3525 15% acid. Swabbe	4950' and squeezed cement. Perforated dn't. Set E-Z drill eezed 3460 to 3707 log, determined cem two HJ 3 3/8" shots 3406' and squeezed log. Perforated 35 and swabbed well. d. Treated formatio ran tubing and swab abandoned. Queeze reports. one copy to OCC of Come copy to OCC oCC oCC oCC oCC oCC oCC oCC oCC oC	existing perform 3728-3729 with 13707'. Perform with 150 sacks Content was inadequal 3592-3593 with 150 sacks (89-3596 with 2 H. Treated formation with 50 gallons abed. Slight show the Sligh	ations, (5032-5093), with two HJ 4" shots. Tried to rated 3460-3461 with two lass A cement. Class A cement. J 4" shots per foot. n with 2,000 gallons of gas produced with
11 26	,	resident	рате 7-10-73
signed flatter flatter	TIPLE		Date
(This space for Federal or State office us			75.4 (870)
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE