

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form 3160-2, Rev. 11-83-0135
Expires August 31, 1985

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		5. LEASE DESIGNATION AND SERIAL NO. NM-03595
2. NAME OF OPERATOR BCO, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 135 Grant Avenue, Santa Fe, NM 87501		7. UNIT AGREEMENT NAME Escrito Gallup
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements* See also space 17 below.) At surface 1650' FSL 1980' FWL Sec. 17 T24N R7W N.M.P.M.		8. FARM OR LEASE NAME Escrito Gallup Unit
14. PERMIT NO.		9. WELL NO. 12 (Formerly Judy 2)
15. ELEVATIONS (Show whether DF, RT, CR, etc.) GR 7203		10. FIELD AND POOL, OR WILDCAT Escrito Gallup
		11. SEC., T., R., N., OR S.W. AND SURVEY OR AREA 17-24N-7W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other) Place well back in production		☒	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)		☐	

(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.) *

May 2, 1989: Have determined that it may be possible to place well back in production.
Will operate well by hand until determined if can operate well on setting.

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

SIGNED Elizabeth B. Keeshan TITLE Vice President

DATE 5/2/89
ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE MAY 19 1989

FAIRMINGTON RESOURCE AREA
BY SMW

NMOC

*See Instructions on Reverse Side