

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 12-R1424.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 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, Santa Fe, New Mexico 87501 | | 7. UNIT AGREEMENT NAME Escrito |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FNL 2310 FEL 18-24N-7W NMPM | | 8. FARM OR LEASE NAME Escrito Unit |
| 14. PERMIT NO. | | 9. WELL NO. 7 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 7280 | | 10. FIELD AND POOL, OR WILDCAT Escrito Gallup |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18-24N-7W NMPM |
| | | 12. COUNTY OR PARISH Rio Arriba |
| | | 13. STATE New Mexico |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data: (Eliz-#4)

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|-------------------------|-------------------------------------|-----------------------|--------------------------|
| 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 checked="" type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | (Other) | <input type="checkbox"/> |

(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).*

3-26-80

Pressure tested perfs from 6030-6036 by setting a packer at 6019. BP at 6020 has not been drilled. Depths established were verified by wire line.

We believe we probably drilled a BP above 5997 rather than 6020 as previously reported.

Well has an emulsion that appears to be old frac fluid. Intend to treat with 4000 gallons 15% MSR HCL acid, double inhibited.

Verbal approval for above obtained from Carl Barrick 3/26/80.

APPROVED

MAR 28 1980

CARL A. BARRICK

~~ACTING~~ DISTRICT ENGINEER

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

SIGNED Harry R. Bigham TITLE President DATE 3-26-80

(This space for Federal or State office use)

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

MAR 28 1980

