Form 9-331 (May 1963) Form approved. UNITED STATES SUBMIT IN TRIPLICATE. Budget Bureau-No. 42-R1424. DEPARTMENT OF THE INTERIOR (Other in verse side) 5. LEASE DESIGNATION AND SERVAL NO. NM-03595 GEOLOGICAL SURVEY 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.) 7. UNIT AGREEMENT NAME WELL XX Escrito Gallup : 3 8. FARM OR LEASE NAME 22 3 2. NAME OF OPERATOR Escrito Gallup Unit BCO, Inc. 9. WELL NO. 3. ADDRESS OF OPERATOR 20 (Elizabeth #6) P. O. Box 669 Santa Fe, New Mexico LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 10. FIELD AND POOL, OR WILDCAT Escrito Gallup 11. SEC., T., R., M., OR BLK. AND. A E SURVEY OR AREA 1650' 990' Sec. 18 T24N R7W N.M.P.M. FSL FWL 18 T24N R7W N.M.P.M. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 12. COUNTY OR PARISH 13. STATE 14. PERMIT NO. New-Mexico 7078 GR Rio Arriba Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF : NOTICE OF INTENTION 10: REPAIRING WELL WATER SHUT-OFF TEST WATER SHUT-OFF PULL OR ALTER CASING ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE Set surface casing CHANGE PLANS REPAIR WELL (Note: Report results of multiple completion on Well-Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date-of starting 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.)* 3-21**-**75 Drilled 12 1/4" hole 140'. Ran 3 joints (140') of 24.70# $8\ 5/8\ \text{surface casing and cemented with }100\ \text{sacks Class A}$ cement with 2% Ca Cl. Expect rotary rig to drill out from surface on approximately 4-15-75 18. I hereby certify that the foregoing is true and correct President DATE (This space for Federal or State office use) DATE TITLE . APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

(Mosto to to)