

## 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"/>		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 135 Grant Avenue, Santa Fe, New Mexico 87501.		9. WELL NO. #29 (Federal 3-20 #3)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  (SE/NE) 1840' FNL, 800' FEL Sec 20 T24N R7W.		10. FIELD AND POOL, OR WILDCAT Escrito Gallup.	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 20 T24N R7W.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7315' GR.		12. COUNTY OR PARISH Rio Arriba.	
		13. STATE NM.	

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

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 type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)		(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). \*

9/22/93

Halliburton Services pumped 250 gallons 15% FeHCL to treat producing formation. Placed well back in production.

RECEIVED

SEP 3 0 1993

OIL CON. DIV.  
DIST 3

SECRET

27:41:45

800

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

SIGNED Elizabeth B. Keasher TITLE President DATE Sept. 22, 1993

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_ DATE \_\_\_\_\_

**\*See Instructions on Reverse Side**

SEP 27 1993

FARMINGTON DISTRICT OFFICE