

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

93 SEP 22 AM 11 22

WELL API NO. 30-039-24989
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG3748

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name State H.
2. Name of Operator BCO, Inc.	8. Well No. 7
3. Address of Operator 135 Grant, Santa Fe, NM 87501	9. Pool name or Wildcat Lybrook Gallup/ Undesignated Graneros
4. Well Location Unit Letter <u>F</u> : <u>2255</u> Feet From The <u>North</u> Line and <u>1990</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>23N</u> Range <u>7W</u> NMPM Rio Arriba County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL 6898'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Acidizing ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9/15/93 Halliburton Servcies pumped 500 gallons 10 % Fe HCl to treat
producing formation. Placed well back in production.

RECEIVED
SEP 20 1993
OIL CON. DIV.
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Elizbeth B. Keeshen TITLE President DATE 9/16/93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY Charles Shook DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE SEP 20 1993

CONDITIONS OF APPROVAL, IF ANY: