Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.
SF - 078924 - A

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.)

1. OIL WELL [X] GAS WELL [ ] OTHER

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 Ave. Santa Fe, New Mexico 87501

9. WELL NO.
24 (Federal 3-21 #3)

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1850' FNL 1700' FWL Sec 21 T24N R7W NMPM

10. FIELD AND POOL, OR WILDCAT
Escrito Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 21 T24N R7W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 7103'

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[X]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]				
(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 30 1993
OIL CON. DIV.
DIST. 3

AM 11:44

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

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

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 27 1993

FARMINGTON DISTRICT OFFICE

*See Instructions on Reverse Side

BY _____

NMOCD