

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-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"/>		7. UNIT AGREEMENT NAME Escrito Gallup	
2. NAME OF OPERATOR Bco, Inc.		8. FARM OR LEASE NAME Escrito Gallup Unit	
3. ADDRESS OF OPERATOR P.O. Box 669 Santa Fe, N.M. 87501		9. WELL NO. 1 (Formerly Nancy 1)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  790 FSL 790 FEL Sec 12 T24N R8W NMPM		10. FIELD AND POOL, OR WILDCAT	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12 T24N R8W NMPM	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 7245		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

16. 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Plug Mayre Zone of Gallup <input checked="" 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.)\*

Set E-Z drill cement retainer at 6070 and squeeze existing perforations, (6104-6153) with 150 sacks cement 2% CaCl.

Perforate with two shots per foot:

5910-5918  
5926-5928  
5963-5967  
5976-5986  
5994-5996  
6006-6014

Sand water frac with 35,000 #'s 10-20 sand and treated water.

Place well back into production.



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

SIGNED Harry R. Boyd TITLE President

DATE 10-3-72

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side