1 HLB 1 Davis

Form 3-331 (May 1963)

TEST WATER SHUT-OFF

X

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

UNITED STATES

SUBMIT IN TRIPLICATE*

(Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

NM-03595

GEOLOGICAE SOLVE!		
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.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1.	7. UNIT AGREEMENT NAME	
OIL XX WELL OTHER	Escrito Gallup	
2. NAME OF OPERATOR	8. FARM OR LEASE NAME	
BCO, Inc,	Escrito Gallup Unit	
3. ADDRESS OF OPERATOR	9. WELL NO.	
P. O. Box 669 Santa Fe, New Mexico 87501	12 (Formerly Judy 2)	
4. 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 SURVEY OR AREA	
1650 FSL 1980 FWL Sec 17 T24N R7W NMPM	17-24N-7W NMPM	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	
GL 7203	Rio Arriba N.M.	
Check Appropriate Box To Indicate Nature of Notice, Report, of Notice,		
NOTICE OF INTENTION TO:	SEQUENT REPORT OF:	

(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 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.)*

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Intend to treat perforations with 500 gallons 7 1/2% HCL acid (inhibited).

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE PLANS



18. I hereby certify that the foregoing is true and correct		
	TITLE President	DATE November 06, 1973
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE