

Form 9-311
(May 1953)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT BY TELETYPE
FOR THE DIRECTOR
WASHINGTON, D.C.

FILE NUMBER
NO. 42-21424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well. APPLICATION FOR PERMIT— for such proposals.)

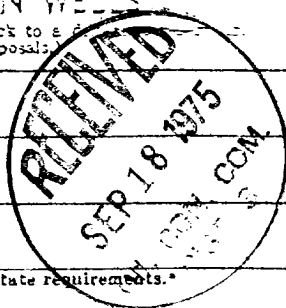
1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
BCO, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 669 Santa Fe, New Mexico 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1650' FSL 1980' FWL Sec. 17 T 24N R7W N.M.P.M.

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CH, etc.)
GR 7203



6. DEVED DESTINATION AND SERIAL NO.
NY-03595

7. UNIT OR LEASE NO.
Escrito Gallup

8. FARM OR LEASE NAME
Escrito Gallup Unit

9. WELL NO.
12 (Fogarty Lady)

10. FIELD AND NAME, OR WILDLIFE
Escrito Gallup

11. SEC., T., R., OR B.L. AND SURVEY OR TAZA
17-24N-75W

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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion of Wells Completion or Recompletion Report and Log forms)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)

9-7-75 Set Model K bridge plug at 5980 thereby sealing off perforation 6024-6074

Treated well with 500 gallons 7 1/2% HCL acid.

Swabbed acid water back.

Ran pump in hole and placed back in operation.

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

SIGNED Harry P. Byrd TITLE President DATE 9-11-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side