

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved:
Bureau Order No. 42-R1424.

5. LEASE DESCRIPTION AND SERIAL NO.

NM-03595

6. IF INDIAN, ALLOTTEE OR TRIBAL NAME

7. UNIT AGREEMENT NAME

Escrito

8. FARM OR LEASE NAME

Escrito Unit

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Escrito Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

18-24N-7W NMPM

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

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

1850 FNL 990 FEL 18-24N-7W NMPM

14. PERMIT NO.

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

GL 7270

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data: (Eliz #1)

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☒(Other) Change plans ☐

(NOTE: Report results of multiple-completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

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.)*

10-12-74 Treated well w/1000 gals 28% acid - swabbed.11-16-74 Treated well w/1000 gals 28% acid - swabbed.5-26-75 Ran dual spacing thermal neutron decay time log.June, 1975 Placed well back in production.attachments: U.S.G.S. Durango-2copies of above log
OCC Aztec -1 copy of above log

RECEIVED

AUG 14 1975

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

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

SIGNED Harry R. Byrd DIST. T.S. President

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:DATE 8-11-75

DATE _____