

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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"/>  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-03595                    |
| 2. NAME OF OPERATOR<br>BCO, Inc.  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                               |
| 3. ADDRESS OF OPERATOR<br>135 Grant, Santa Fe, New Mexico 87501   | 7. UNIT AGREEMENT NAME<br>Escrito                                  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1650 FNL 2310 FEL 18-24N-7W NMPM | 8. FARM OR LEASE NAME<br>Escrito Unit                              |
| 14. PERMIT NO.  | 9. WELL NO.<br>7   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>GL 7280   | 10. FIELD AND POOL, OR WILDCAT<br>Escrito Gallup                   |
|   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>18-24N-7W NMPM |
|   | 12. COUNTY OR PARISH<br>Rio Arriba                                 |
|   | 13. STATE<br>New Mexico  |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data: (Eliz #4)

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) ☐

REPAIRING WELL ☒  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(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.) \*

4/3/90 Have repaired pump and placed well back in production. Had authorization for long term shut in.

RECEIVED

APR 18 1990

OIL CON. DIV  
DIST. 3

ACCEPTED FOR RECORD

APR 16 1990

FARMINGTON RESOURCE AREA

BY

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

SIGNED Elizabeth B. Keeshan TITLE Vice President

DATE 4/3/90

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOOD

ACCEPTED FOR PUBLICATION

10/10/2010

10/10/2010

10/10/2010