

1 OCC Aztec 1 HLB
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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	
2. NAME OF OPERATOR BCO, Inc.		8. FARM OR LEASE NAME Escrito Unit	
3. ADDRESS OF OPERATOR P.O. Box 669 Santa Fe, New Mexico 87501		9. WELL NO. 7	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FNL 2310 FEL 18-24N-7W NMPM		10. FIELD AND POOL, OR WILDCAT Escrito Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18-24N-7W NMPM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 7280	12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico

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

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 checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.) *

Intend to set retrievable bridge plug above Gallup formation.

Locate casing failure by pressuring up on casing while coming out of the hole with tubing and packer.

Squeeze casing failure with 200 sacks cement and allow 18 hours for set up time. Drill out cement and pressure up on casing to see if squeeze held.

If squeeze held, remove bridge plug and swab well. Inject 500 7 1/2% MCA acid in formation if necessary and again swab well.

Place back into production.

Verbal notice of above approved May 10, 1974.



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

SIGNED Harry R. Byler TITLE President DATE 5-13-74
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: