

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-03595

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Escrito

8. FARM OR LEASE NAME

Escrito Unit

9. WELL NO.

7

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 13. STATE

Rio Arriba 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

1650 FNL 2310 FEL 18-24N-7W NMPM

14. PERMIT NO.

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

GL 7280

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.

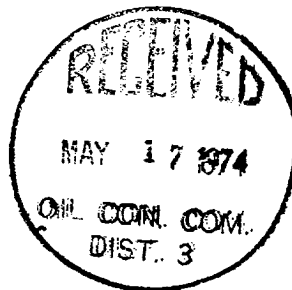
Locate casing failure by pressuring up on casing while coming out of the hole with tubing and packer.

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: