

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R-124.

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. NM-03595	
2. NAME OF OPERATOR BCO, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 135 Grant, Santa Fe, New Mexico 87501		7. UNIT AGREEMENT NAME Escrito	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME Escrito Unit	
1650 FNL 2310 FEL 18-24N-7W NMPM		9. WELL NO. 7	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Escrito Gallup	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 7280		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	

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 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"/>	(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.)*

We believe the well has a casing failure above the Gallup formation, we intend to set a bridge plug above the present perforations in the Gallup, isolate the hole in the 4-1/2" casing and cement same to fix it. We will subsequently drill out the cement, remove the retrievable bridge plug and place the well back in operation.

APPROVED

FEB 19 1980

CARL A. BARRICK
ACTING DISTRICT ENGINEER

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

SIGNED Harry R. Bigha TITLE President

(This space for Federal or State office use)

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

oh Smith

*See Instructions on Reverse Side



