5 U.S.G.S. Durango 1 Conservation 1 NMOCC 6 Copies

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse 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 [X] 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
1500' FNL 790' FWL Section 18 T24N R7W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 7099

5. LEASE DESIGNATION AND SERIAL NO.
NM-03595

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Escrito Gallup

8. FARM OR LEASE NAME
Escrito Gallup Unit

9. WELL NO.
5 (Formerly Eliz-3)

10. FIELD AND POOL, OR WILDCAT
Escrito Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
18-24N-7W N.M.P.M.

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[X]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(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.) *

6-13-76 Pulled rods and determine scale was bad. Treated with 500 gals 15% MCA acid, 3 gals Morflo and 5 gals LP-55. Swabbed well and placed back in operation.

SEP 23 1976
OIL CON. COM.
DIST. 3

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

SIGNED Harry R Bryan TITLE President DATE 9-15-76

(This space for Federal or State office use)

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

OK

*See Instructions on Reverse Side