5 U.S.G.S. Durango 1 OCC Aztec 1 File 5 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

5. LEASE DESIGNATION AND SERIAL NO.: NM-03595

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME: Escrito Gallup

2. NAME OF OPERATOR: BCO, Inc.

8. FARM OR LEASE NAME: Escrito Gallup Unit

3. ADDRESS OF OPERATOR: P. O. Box 669 Santa Fe, New Mexico 87501

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

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

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.

14. PERMIT NO.

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

12. COUNTY OR PARISH: Rio Arriba

13. STATE: New Mexico

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT ON:			
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.

RECEIVED
SEP 2 1976
OIL CON. COM.
DIST. 3

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

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

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side