| UNITED STATES SUBMIT IN TRIPLICATE* (Other instructions on re- GEOLOGICAL SURVEY | | | Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NH-OSSO40-A | | |
|---|---|---|---|----------------------------|--|
| 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.) | | | 6. SF INDIAN, ALLOTTI | B-OR TRIBE NAME | |
| OIL, GAS GAS WELL OTHER | | | 7. UNIT AGREEMENT NAME ESCRITC Gallup | | |
| 2. NAME OF OPERATOR | | | 8. FARM OR LEASE NAME | | |
| Beo. Inc. | | | | Escrito Gallup Unit | |
| P.O. Box 669 Santa Fe. N.M. 87501 | | | 1 | | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | | 10. FIELD AND POOL, OR WILDCAT ESCRITO 11. SEC., T., R., M., OR BLK. AND SURVEY OR ABEA | | |
| 790' FSL 790' FEL Sec 12 T24N R8W NMPM | | | 12-24N-8W | | |
| 14. PERMIT NO. | III NO. 15. ELEVATIONS (Show whether DF, RT, CS, etc.) GL 7245 | | 12. COUNTY OR PARIS San Juan | | |
| 16. Check A | ppropriate Box To Indicate N | lature of Notice, Report, or C | Other Data | | |
| NOTICE OF INTE | JENT REPORT OF: | | | | |
| TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) | PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS | | REPAIRING ALTERING ABANDONME | CASING ENT* XXXX on Well | |
| pumping well o approximately | and packer to con n approximately 8-8-20-71 and placed ions remain the sa | -15-71. Ran tubing i well in product | g and pump o ion. | | |
| Well is product lease but with well. | cing in tanks loca in the unit area. | ted in Sec 13 T24 It is not produc | N R8W which | is off other | |
| | | | RECEN | | |
| | | i . | NOV 19 | 971 | |
| | | | OIL CON. C | · • | |
| 18. I hereby certify that the foregoing SIGNED 1227 R. | ~) / | Vice President | DATE1 | 1-15-71 | |
| (This space for Federal or State of | ice use) | | | | |
| APPROVED BYCONDITIONS OF APPROVAL, IF | ANY: | | DATE | | |
| La | | | • | • | |