

Form 9-331  
(May 1963)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other Instructions on reverse side)Form approved,  
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.  
NT-088040-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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"/>		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, N.M. 87501		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FSL 790' PEL Sec 12 T24N R8W NMPM		10. FIELD AND POOL, OR WILDCAT Escrito	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12-24n-8W	
15. ELEVATIONS (Show whether DF, RT, GP, etc.) GL 7245		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

XXX

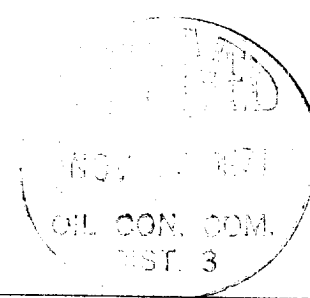
## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

(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 remove packer &amp; tubing. re-run tubing and place well back in production.



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

SIGNED

*Harry R. Bugh*

TITLE

Vice President

DATE

11-15-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side