

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-088040-a
2. NAME OF OPERATOR Bco, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 669 Santa Fe, N.M. 87501		7. UNIT AGREEMENT NAME Escrito Gallup
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790 FSL 790 FEL Sec 12 T24N R8W NMPM		8. FARM OR LEASE NAME Escrito Gallup Unit
14. PERMIT NO.		9. WELL NO. 1 (Formerly Nancy 1)
15. ELEVATIONS (Show whether DF, RT, CR, etc.) GR 7245		10. FIELD AND POOL, OR WILDCAT Escrito Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12-24N-8W NMPM
		12. COUNTY OR PARISH San Jaun
		13. STATE NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input checked="" 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.)*

Set E-Z drill cement retainer at 6070' and squeezed existing perforations, (6104-6153), with 150 Sacks Class A cement w/2% CaCl on 10-12-72.

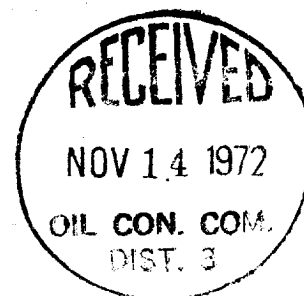
Found hole in casing at 4370'. Set packer at 4123 & squeezed w/200 sacks Class A Cement w/2% CaCl and 6/10% Halad-9. Found another hole in casing at 300'. Squeezed w/350 sacks Class A cement w/2% CaCl and 6/10% Halad-9 on 10-13-72.

Started drilling out cement 14 hours later & after drilling tested for 30 minutes at 850 psi. Held O.K.

Perforated w/2 shots per foot 6006-14; 5994-96; 5976-86; 5963-67; 5926-28; 5910-18 on 10-15-72.

Sand water fracked w/35,000 #'s 10-20 sand as shown on attached copy of Halliburton report on 10-16-72.

Placed well back on pump.



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

SIGNED Harry R. BoyleTITLE PresidentDATE 11-12-72

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side