

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT 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"/>	7. UNIT AGREEMENT NAME Escrito
2. NAME OF OPERATOR BCO, Inc.	8. FARM OR LEASE NAME Escrito Unit
3. ADDRESS OF OPERATOR 135 Grant Santa Fe, New Mexico 87501	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990 FSL 2090 FEL 12-24N-8W NMMP	10. FIELD AND POOL, OR WILDCAT Escrito Gallup
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12-24N-8W NMMP
15. ELEVATIONS (Show whether DF, RT, GR, etc.) G.L. 7192	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data. (Nancy 2)

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)*

We believe the well has a casing failure above the Gallup formation, we intend to set a bridge plug above the present perforations in the Gallup, isolate the hole in the 4-1/2" casing and cement same to fix it. We will subsequently drill out the cement, remove the retrievable bridge plug and place the well back in operation.

Oral approval to Bob Byrnes 3-10-80
APPROVED

MAR 11 1980

CARL A. BARRICK
~~ACTING DISTRICT~~ ENGINEER



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

SIGNED <u>Harry R. Byrnes</u>	TITLE <u>President</u>	DATE <u>3-6-80</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

ok 3/10

*See Instructions on Reverse Side

MAR 10 1980

U. S. GEOLOGICAL SURVEY