

1 Columbus  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

Form approved  
Budget Request 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.<br>SF-078272-a            |
| 2. NAME OF OPERATOR<br>BCO, Inc.  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                          |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 669 Santa Fe, New Mexico 87501  |  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1650 FSL 1650 FEL Sec 10 T23N R7W NMPM |  | 8. FARM OR LEASE NAME<br>Campos                               |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>1  |
| 15. ELEVATIONS (Show whether DF, RT, CR, etc.)<br>7264 Gr   |  | 10. FIELD AND POOL, OR WILDCAT<br>Lybrook Gallup              |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>10-23N-7W |
|   |  | 12. COUNTY OR PARISH<br>13. STATE                             |

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

| 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 type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               |  |
| (Other) Flare gas                            | XX  |  |  |

(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 and 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.)\*

Pursuant to my conversation with Mr. Sutherland on January 18 & 19 the purpose of this intent is to request permission to vent gas from our Campos Well. The compressor this well was selling its gas thru was burned down about Jan 5, 1978. This well produces about 3 bbls. of oil per day and it is our opinion that shutting this well in and letting it build up about 1000 PSI would possibly cause a casing failure and the economics well are such that the well would probably have to be plugged and not repaired if it happened. We are particularly worried about causing a casing failure on this well in that it had one which we repaired and reported you March 18, 1974.

We intend to estimate the amount of gas vented and pay the USGS .125% of value the well would have received if it had sold it.

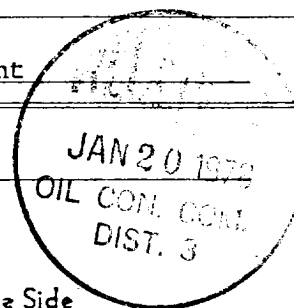
We anticipate that the compressor will be repaired prior to February 15, 1978 and if it isn't, we will discuss this matter with you at that time.

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

SIGNED Harry R. Bugh TITLE President DATE 1-19-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

*Okal*