

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-078272-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CAMPOS

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

LYBROOK GALLUP

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

10-23N-7W

12. COUNTY OR PARISH

RIO ARRIBA

13. STATE

N.M.

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

BCO, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 669 Santa Fe, New Mexico 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1650' FSL and 1650' FEL SEC. 10 T23N R7W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7264 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☒

ABANDON*

☐

REPAIR WELL

☒

CHANGE PLANS

☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT*

☐

(Other)

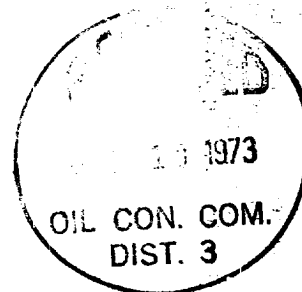
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)*

Intend to set retrievable bridge plug at 5500'.

Locate casing failure be pressuring up on casing while coming out of the hole with
tubing and packer.Squeeze casing failure with 200 sacks cement and allow 18 hours for set up time. Drill
out cement and pressure up on casing to see if squeeze held.If squeeze held, remove bridge plug and swab well. Inject 500 7 1/2 MCA acid in formation
and again swab well.

Place back into production.

Verbal notice of above given to USGS 12-5-73.



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

SIGNED

TITLE President

DATE December 5, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side