

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Sheet No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-078272

6. IF INDIAN, ALLOTTEE OR TRUST NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dunn

9. WELL NO.

2

10. FIELD AND POOL OR WILDCAT
Lybrook Gallup and
Basin Dakota

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

10 T23N R7W NMPM

12. COUNTY OR PARISH

Rio Arriba

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Bco, Inc.

3. ADDRESS OF OPERATOR

135 Grant, 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

2070' FNL 2260' FWL Sec 10 T23N R7W NMPM

14. PERMIT NO.

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

7265 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

X
X

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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 test by using a Bridge plug (BP) and packer the various production zones in the well to establish their current production status. If analysis of any or all zones justifies acidizing and/or refracturing we will do same. The zones opened in this well are the:

Dakota
Lower Graneros
Upper Graneros
Greenhorn
Gallup

RECEIVED

MAY 31 1983

OIL CON. DIV.
DIST. 3

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

SIGNED

Harry R. Bugh

TITLE President

DATE 5/25/83

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAMES F. SIMS
DISTRICT ENGINEER

*See Instructions on Reverse Side

NMCC