

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form Approved
Budget Bureau No. 42-11324
5. LEASE DESIGNATION AND AREA NO.
SF-078272

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
BCO, Inc.

3. ADDRESS OF OPERATOR
135 Grant Ave. 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
990' FNL 1840' FWL Sec. 9 T23N R7W

14. PERMIT NO.
15. ELEVATIONS (Show whether of, to, or, etc.)
GR 7207

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	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Initial Potential	☒		

(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 pertinent to this work.)

6. IF INDIAN, ALLOTTEE OR TRUST-NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dunn

9. WELL NO.
5

10. FIELD AND FORM. OR WILDCAT
Lybrook Gallup

11. SEC., T., R., OR BLK. AND SURVEY OR AREA
Sec. 9 T23N R7W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N. M.

The above well was potentialized on 8-4-81 at 60 BOPD, 10 BWPD, 140 MCF gas per attached State Form C-104. The well was produced on a gas lift intermitted system.



ACCEPTED FOR RECORD

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

SIGNED Harry R. Byrd TITLE President

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

AUG 12 1981
8-6-81

FARMINGTON DISTRICT

BY RGS

DATE _____

NMOCC