

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
Budget: 200-10 No. 42-R1424
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 reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR BCO, Inc.		8. FARM OR LEASE NAME Dunn
3. ADDRESS OF OPERATOR 135 Grant Ave. Santa Fe, New Mexico 87501		9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2120' FNL 2130' FWL Sec. 9 T23N R7W		10. FIELD AND FORM, OR WILDCAT Lybrook Gallup
14. PERMIT NO.		11. SEC. T, R, M, OR BLK. AND SURVEY OR AREA Sec. 9 T23N R7W
15. ELEVATIONS (Show whether DT, RT, CR, etc.) GR 7218		12. COUNTY OR PARISH Rio Arriba
		13. STATE N. M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and pertinent to this work.)

The well was potentialized 8-6-81 at 49 BOPD, 5 BWPD, and 108 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. Bynum TITLE President DATE 8-6-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC