

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form Approved
Bureau of Reclamation No. 40-R1-24

5. LEASE DESIGNATION AND SERIAL NO.

NM-6681

6. IF INDIAN, ALLOTTEE OR TRIBAL NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal C

9. WELL NO.

2

10. FIELD AND FORM, OR WILDCAT

Alamito Gallup

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

31-T23N R7W

12. COUNTY OR PARISH 13. STATE

Sandoval

NM

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

2310' FSL 790' FEL Sec. 31 T23N R7W

14. PERMIT NO.

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

GR 6891

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐

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 and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zone pertinent to this work.)

Pulling of another well in the area indicated gyp build up.

Intend to acidize with 1000 gallons 15% HCL acid, double inhibited, with scale check and emulsion breaker.

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

SIGNED

Harry R. Bogle

TITLE

President

DATE

8-2-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: