

Form 5-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other Instructions on reverse side)Form approved
Budget Bureau No. 42-R14245. LEASE DESIGNATION AND SERIAL NO.
NM-16586

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

1700' FNL and 950' FWL Sec. 33 T23N R7W

14. PERMIT NO.

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

6856 GR.

6. IF INDIAN, ALLOTTEE OR TRIBAL NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal I

9. WELL NO.

4

10. FIELD AND NO. OF WILDCAT
Undesignated Gallup11. SEC., T., R., & OR BLK. AND
SURVEY OR AREA

Sec. 33 T23R R7W

12. COUNTY OR PARISH 13. STATE

Sandoval

NM

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

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Drilling Progress

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 zones pertinent to this work.)

Discontinued drilling operations for the winter. Intend to commence drilling operations in May or June, 1979.



RECEIVED

DEC 04 1978

GEOLOGICAL SURVEY
D.C.

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

SIGNED Richard B. FyfeTITLE Office ManagerDATE 11-30-78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____