

Form 5-231
(May 1953)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 42-R1024

5. 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 formation.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		6. IF INDIAN, ALLIANCE OR TRIBE NAME
2. NAME OF OPERATOR BCO, Inc.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 669 Santa Fe, New Mexico 87501		8. FARM OR LEASE NAME Federal I
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FSL and 990' FEL Sec. 33 T23N R7W		9. WELL NO. 2
14. PERMIT NO.		10. FIELD AND FORM. OF WILDCAT Undesignated Gallup
15. ELEVATIONS (Show whether DP, RT, CR, etc.) 6866' GR		11. SEC., T., R. OR BLK. AND SURVEY OR AREA Sec 33 T23N R7W
		12. COUNTY OR PARISH Sandoval
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	WELL 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) Drilling Progress	

(Other) ☐ (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

7. 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
OCT 11 1978
GEOLOGICAL SURVEY
D.C.

I hereby certify that the foregoing is true and correct

SIGNED Richard G. Fox TITLE Office Manager DATE 11-30-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

5+