Form 9-331
(May 1953)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL [X]   GAS WELL [ ]   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
BCO, Inc.

8. FARM OR LEASE NAME
Federal I

3. ADDRESS OF OPERATOR
P. O. Box 669 Santa Fe, New Mexico 87501

9. WELL NO.
2

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

10. FIELD AND POOL, OR WILDCAT
Undesignated Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 33 T23N R7W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6866' GR

12. COUNTY OR PARISH
Sandoval

13. STATE
NM

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) Drilling Progress	[X]
(Other)			

(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 any 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.)*

Please note change in top of Gallup in item 38 of Form 9-330 was erroneously
typed as 8442 and should have been shown as 4842.

If an ammended 9-330 is required please so advise us.

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

SIGNED _Harry R. Bugh_   TITLE __President__   DATE __7-19-79__

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY: