

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other Instructions on Re-
verse side)

Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.
NM-6682

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.)

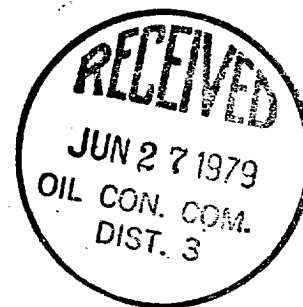
1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR BCO, Inc.		8. FARM OR LEASE NAME Federal B
3. ADDRESS OF OPERATOR P. O. Box 669 Santa Fe, New Mexico 87501		9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 860' FNL and 790' FWL Sec. 34 T23N R7W		10. FIELD AND POOL OR WILDCAT Undesignated Gallup
14. PERMIT NO.		11. SEC. T. R. S. OR BLK. AND SURVEY OR AREA Sec. 34 T23N R7W
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6911' 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	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) Drilling Progress	☒
(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 and 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 above well was initial potentialed on 6-22-79 at 19 BOPD, 114 MCF and no water. If an additional form 9-330 must be filed please so advise us. Original Form 9-330 was dated 12-13-78 .



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

SIGNED Harry R. Bogle TITLE President DATE 6/22/79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: