

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
Budget Project 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 ☐		6. IF INDIAN, ALLOTTEE OR TRUST 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 B	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850 FSL 880' FWL Sec. 34 T23N R7W		9. WELL NO. 4	
14. PERMIT NO.		10. FIELD AND POOL OR WILDCAT Undesignated Gallup	
15. ELEVATIONS (Show whether DP, RT, CR, etc.) GR 6886		11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Sec. 34 T23N R7W	
		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 COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Drilling Progress</u> ☒	

(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.)

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

RECEIVED

DEC 04 1978

GEOLOGICAL SURVEY
DURANGO, N.M.

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

SIGNED Rubens H. Fry

TITLE Office Manager

DATE 11-30-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SA