

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved,
Budget Bureau No. 42-R1421.
5. LEASE DESIGNATION AND SERIAL NO.
NM-048989-A

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR BCO, Inc. | 8. FARM OR LEASE NAME Federal G |
| 3. ADDRESS OF OPERATOR P. O. Box 669 Santa Fe, New Mexico 87501 | 9. WELL NO. 1 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL 660' FEL SEC. 2 T22N R8W NMPM | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| 11. PERMIT NO. | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 2 T22N R8W N.M.P.M. |
| 15. ELEVATIONS (Show whether DE, RT, CR, etc.) GR 6901 | 12. COUNTY OR PARISH San Juan |
| | 13. STATE New Mexico |

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|---|---|--|--|
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | | | |
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETION <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | (Other) <input type="checkbox"/> |
| (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.)*

4-15 to 4-17-75

Re-entered old dry hole with 4 1/2" casing as drill pipe with a 6 3/4" bit.

4-17-75

Cemented 5157' 4 1/2" casing with 309 sacks Class B cement (65-35 POZ mix) and 250 sacks Class B cement.

4-22-75

Ran gamma ray neutron and cement bond logs. Determined cement over pay zone. had not set up and perforated 4750-51 with 2 shots and 5130-36 with 8 shots to squeeze with.

4-23-75

Squeezed with 75 sacks Class B at 5130. Pulled up and squeezed 4750 with 50 sacks Class B.

4-27-75

Ran cement bond log and determined cement over pay was good. Perforated 4784-4950 with 2 SPF.

4-29-75

Broke formation down with 1000 gals 15% acid. Sand water fracked well with 103070 15% gel water and 175,000 #'s 10-20 sand. Copy of Halliburton treating report attached to form 9-330.

4-30-75 to 5-4-75

Swabbed and flowed well.

5-7-75

Swabbed well and it produced 75 barrels oil, 75 MCF and 15 barrels water in a 15 hour test.

5-7-75Total estimated fluid swabbed and produced thru 5-7-75:
371 barrels oil
1900 barrels frac water

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

SIGNED

Harry B. Bogle

TITLE

President

DATE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY.

TITLE

DATE

MAY 12 1975