

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. NM-048989-A |
| 2. NAME OF OPERATOR BCO, Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBES NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 669 Santa Fe, New Mexico 87501 | | 7. UNIT AGREEMENT NAME |
| 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 | | 8. FARM OR LEASE NAME Federal G |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DP, RT, GR, etc.) GR 6901 | 9. WELL NO. 1 |
| | | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| | | 11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA 2 T22N R8W N.M.P.M. |
| | | 12. COUNTY OR PARISH San Juan |
| | | 13. STATE New Mexico |

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 checked="" type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <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"/> | |

(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.)*

4-15-75 to 4-17-75

Re-entered old hole with 7 7/8" bit and H-40 casing. Drilled cement plugs as follows: 0-5'; 200'-270'; 1160'-1260'; 1450'-1550'; plus at least one other plug between 1600' and 4000', the depth of which was not recorded. TD of well 5150'.

4-17-75

Cemented with 475 sacks 65/35 POZ 10% gel and 250 sacks Class B with 1/2% CFR-2. Started cement job at 6:30 a.m. plug put in at 7:15 a.m. Cement at surface at 7:22 a.m. stopped cementing at 7:35 a.m.

APR 22 1975



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

SIGNED Harry R. Byler TITLE President

(This space for Federal or State office use)

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

DATE 4-21-75

DATE