

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATION
(OTHER INSTRUCTIONS ON REVERSE SIDE)

Form approved,
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-078974

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 6-22

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Escrito Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

22-24N-7W NMPM

12. COUNTY OR PARISH 13. STATE

Rio Arriba NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Bco, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 669, Santa Fe, N.M. 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1975' FSL 1837' FWL Sec 22 T24N R7W NMPM

14. PERMIT NO.

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

GR 7053 DF 7066

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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.)*

Intend to clean up face of perforations, 5855-76 and 5881-89, with acid.

Set retrievable plug above Mayre zone and perforate Skelly and/or Upper Mancos formations. Fracture with gel water sand.

Remove retrievable plug and place well back in operation.

Work on this well, as well as four other wells we operate in the area, is expected to start about May 8, 1972.



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

SIGNED

Harry R. Bright

TITLE

President

DATE

4-28-72

(This space for Federal or State Commission)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: