

Form 9-331
(May 1953)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM-14925

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 1-22

9. WELL NO.

2

10. FIELD AND LOCAL OR WILDCAT

Escrito Gaflop

11. SEC. T. R. M. OR BLM. AND

SURVEY OF AREA

22-T24N-R7W NMPM

12. COUNTY OR PARISH

Rio Arriba

13. STATE

N.M.

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"/>	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 790' FSL 790' FWL Sec. 22 T24N R7W NMPM	14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6799 GR
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Drill & run casing</u>
(NOTE: Report results of multiple completion on Wells Completion or Recompletion Report and Log form.)		

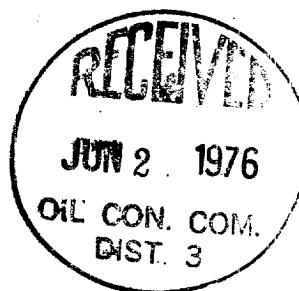
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting, any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

3-16-76

Drilled and completed well per attached detailed summary.

Copies of logs transmitted with this report:

	To USGS	To OCC Aztec
TDT	2	1
PDC	2	1



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

SIGNED Harry R. ByrnesTITLE PresidentDATE 6-7-76

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: