

Form J-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form Approved
GSA GEN. REG. NO. 42-21424

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"/>		5. LEASE IDENTIFICATION AND SERIAL NO. NM-14000	
2. NAME OF OPERATOR BCO, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE 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 1900' FNL 1710' FWL Sec. 13 T24N R8W N.M.P.M.		8. FARM OR LEASE NAME Smith	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7038' GR		10. FIELD AND POOL, OR WILDCAT Escrito Gallup/Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13 T24N R8W N.M.P.M. Dakota	
		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 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 checked="" 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.)*

1. Shut well in for 72 hour BHP test on 8-11-75.
2. Place well back in operation 8-14-75.
3. Late August intend to kill well with approximately 50 bbls oil. Set a drillable plug at 4750 Perforate w/2SPF 4532-36; 4601-11; 4643-47; 4665-69; 4698-4702 Test each perforated zone separately with use of a retrievable plug and packer. Zones will be broken down with acid and sand water fracked if required.
4. Place above perforated areas in production and run tests as required by OCC to co-mingle production with Gallup. If approved, drill plug at 4750 and put back all perforated zones in production.

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

SIGNED

Harry R. Bugh

TITLE

President

DATE

8-11-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: