

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-6682

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 ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR BCO, Inc.		8. FARM OR LEASE NAME Federal B
3. ADDRESS OF OPERATOR P. O. Box 669 Santa Fe, New Mexico 87501		9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1800' FSL and 1760' FEL Sec. 34 T23N R7W		10. FIELD AND POOL, OR WILDCAT Undesignated Gallup
14. PERMIT NO.		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 34 T23N R7W
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6965' GR.		12. COUNTY OR PARISH Sandoval
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT ON:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Drilling Progress

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 and 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.)

The above well was initial potentialized on 6-22-79 at 19 BOPD, 114 MCF, and no water. If an additional form 9-330 must be filed please so advise us. Original Form 9-330 was dated 12-13-78



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

SIGNED Harry R. ByrnesTITLE PresidentDATE 4/22/79

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: