

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form Approved  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM-6682

6. IF INDIAN, ALLOTTEE OR TRUST NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal B

9. WELL NO.

3

10. FIELD AND FORM, OR WILDCAT

Undesignated Gallup

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

Sec. 34 T23N R7W

12. COUNTY OR PARISH

Sandoval

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

BCO, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 669 Santa Fe, New Mexico 87501

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

14. PERMIT NO.

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

6965' GR.

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 OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

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 up proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and pertinent to this work.)

We intend to set a BP above Gallup perforations (5024-5246). We intend to find leak in casing and repair same with cement. Notification of cement job will be made to Minerals Management Service prior to commencement of same. Cement will be allowed to set up a minimum of 48 hours. We will then drill out cement, remove BP, acidize perfs if necessary, and place well in operation.



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

SIGNED

TITLE President

DATE 7/30/82

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL

AUG 03 1982  
JAMES F. SIMS  
DISTRICT ENGINEER

NMOCC

\*See Instructions on Reverse Side