

Form 10-11
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 42-21324

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 Zamora 1-29
3. ADDRESS OF OPERATOR P. O. Box 669 Santa Fe, New Mexico 87501	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FNL 1980 FWL 29-24N-6W NMPM	10. FIELD AND TOWN, OR WELDCAT Devil's Fork
14. PERMIT NO.	11. SEC. T. R. & OR BLK. AND SURVEY OR AREA 29-24N-6W NMPM
15. ELEVATIONS (Show whether DP, RT, CR, etc.) GR 6618	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT ☐
REPAIR WELL ☒	CHANGE PLANS ☐	(Other) ☐	

(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 points pertinent to this work.)

Determined well has a casing failure.
Intend to set Model G packer above Gallup formation
to keep from hurting formation.



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

SIGNED Harry R. Bugh

TITLE President

DATE 9-22-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

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*See Instructions on Reverse Side