Form 9-331
(May 1963)

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.: 14-20-603-3177

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Navajo

7. UNIT AGREEMENT NAME: Martinez & Lopez

8. FARM OR LEASE NAME: Betty B

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Lybrook-Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 15-T23N-R7W N.M.P.M.

12. COUNTY OR PARISH: Rio Arriba

13. STATE: New Mex

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 [X] 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

585' FNL 2275 FWL Sec. 15 T23N R7W N.M.P.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): GR 7262

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

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

Determined well had a casing failure. Intend to set Model G packer above Gallup and repair casing failure later.

RECEIVED
SEP 24 1976
OIL CON. COM.
DIST. 3

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

SIGNED Harry R Boyle TITLE President DATE 9-22-76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side