

Form 9-331  
(May 1963)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-5988

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal E

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

17-22N-9W NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL ☐ GAS ☒ OTHER  
WELL WELL

2. NAME OF OPERATOR

BCO, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 669 Santa Fe, N.M. 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

790' FNL 790' FWL Sec 17 T22N R9W

14. PERMIT NO.

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

GR 6424

## 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

XXX

## 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 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.)\*

Intend to re-open dry hole with drill pipe. Run neutron &/or sonic log and either plug well or set 4½" 10.5# casing at T.D. with 100 sacks Class C cement 2% gel. If well is plugged program will be as follows:

0-120

950-1100

2600-2800

4600-4800

The above work will be commenced on or about 2-21-72. Verbal approval was obtained 2-25-72.



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

SIGNED

TITLE

President

DATE 2-27-72

(This space for Federal or State official use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: