

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved
Bureau Order No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

SF-080202-B

6. IF INDIAN, ALLOTTEE OR TRUST NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
Use "APPLICATION FOR PERMIT—" for such proposals.)1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

BCO, Inc.

3. ADDRESS OF OPERATOR

135 Grant Ave. 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

1850' FNL and 1700' FEL Sec 26 T24N R7W

14. PERMIT NO.

15. ELEVATIONS (Show whether Dr. or, etc., etc.)

GR 6712

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 4-26

9. WELL NO.

1

10. FIELD AND FORM. OF WILDCAT

Escrito Gallup

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

26 T24N R7W NMPM

12. COUNTY OR PARISH 13. STATE

Rio Arriba N.M.

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 COMPLETION

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

Believe well has casing failure. Intend to set RBP above Gallup perfs (5417-5494) and then use packer to find the hole in the casing. Intend to repair said hole with cement, let cement set for at least 72 hours, then drill out cement, remove RBP, swab well and place back in production.

APPROVED

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

SIGNED

TITLE Office Manager

DATE 3/10/83

(This space for verification of signature use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

N.M.