

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

5. LEASE DESIGNATION AND SERIAL NO.

SF-078562

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lybrook

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Escrito Gallup

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

22-24N-7W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

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

2300' FNL 1570' FEL Section 22, 24N, R7W

14. PERMIT NO.

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

GR 6804

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

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

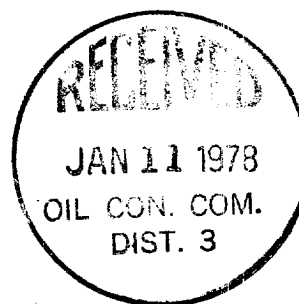
ABANDONMENT*

(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 zones pertinent to this work.)*

Intend to set retrievable bridge plug at 5325 and test 4-1/2" casing for a casing failure. If well has one, we intend to repair it with cement and then remove retrievable bridge plug and place Gallup, (5378-5592), back in production.

VERBAL APPROVAL OBTAINED FOR THE ABOVE 1/6/78



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

SIGNED

Harry R. Byrd

TITLE

President

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form Approved
Department of the Interior
Bureau of Land Management
No. 42-R1424

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SF-078562

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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

2000' FSL 1578' FSL Section 22, 24N, R7W
2060' FSL x 260' FEL

14. PERMIT NO.

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

GR 6804

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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

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Harry R. Byrd

TITLE

President

DATE

1-16-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

JAN 13 1978

DATE

JAN 13 1978