

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____b. TYPE OF COMPLETION:
NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☒ Other Re-enter

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)*

At surface 990 FSL 990 FEL Sec 7 T24N R7W NMPM

At top prod. interval reported below SAME*

At total depth SAME*

14. PERMIT NO.

DATE ISSUED

Date re-entered ✓

15. DATE RE-ENTERED 11-21-72 16. DATE T.D. REACHED 11-27-72 17. DATE COMPL. (Ready to prod.) 01-15-73 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7344 K B 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS 7331 * CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

SEE ORIGINAL 9-330

25. WAS DIRECTIONAL SURVEY MADE
SEE ORIGINAL
9-330

26. TYPE ELECTRIC AND OTHER LOGS RUN

Electric induction; cement bond; compensated neutron

27. WAS WELL CORED
NO

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
* 8 5/8	24	264		200 sacks	
* 4 1/2	9.5	7330		250 sacks	
(Connected to 4 1/2 at 255' where prior operator had salvaged 4 1/2)					

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	7230	

31. PERFORATION RECORD (Interval, size and number)

SEE ORIGINAL 9-330

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
Lower perforation	500 15% HCL 12-1-72
Upper perforation	500 15% HCL 12-1-72

33.*

DATE FIRST PRODUCTION		PRODUCTION METHOD				WELL STATUS (Producing or shut-in)			
12-15-72		Pump				Producing			
DATE OF TEST		HOURS TESTED		CHOKE SIZE	TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1-30-73		24		Open	→	-0-	79	174	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

SOLD

TEST WITNESSED BY

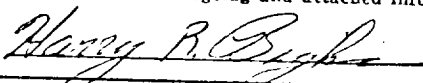
Ed Davis

35. LIST OF ATTACHMENTS

Sent previously

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED



TITLE

President

DATE

11-06-73

*(See Instructions and Spaces for Additional Data on Reverse Side)

* Per original 9-330 dated 10-20-60

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, if there are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on Items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see Item 33.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in Item 22, and in Item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in Item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Seeks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for Items 22 and 24 above.)

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