

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42/R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. SF-078959 | |
| 2. NAME OF OPERATOR BCO, Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P. O. Box 669 Santa Fe, New Mexico 87501 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface | | 8. FARM OR TRACT NAME Federal 1-7 | |
| 14. PERMIT NO. | | 9. WELL NO. 1 | |
| 15. ELEVATIONS (Show whether DP, RT, CR, etc.) 7344 KB | | 10. FIELD AND BLOCK, OR WILDCAT Dufers Point Dakota | |
| 11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA 7-24N, 12W, N.M.P.M. | | 12. COUNTY OR PARISH Rio Arriba | |
| 13. STATE New Mexico | | | |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT | |
|--|--|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input checked="" type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input checked="" type="checkbox"/> | (Other) <input type="checkbox"/> | |

(NOTE: Report results of multiple completion on Wells 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.)

9-1 to 9-6-79 Drilled out cement from 5202 to 6130. Fell through to 6244 and drilled cement from 6244 to 6275. Determined area we fell thru had to be inadequate cement to frac with.

9-7-79 Set packer at 5296 and squeezed perfs ^{with} 100 sacks Class B, 2% Ca Cl, 8# salt cement

9-10-79 to 9-11-79 Drilled cement from 5804 to 6250.

9-11-79 Ran cement bond log and determined cement over Gallup zone was inadequate to frac. Determined the probability of ever obtaining an adequate cement job to frac thru was nil.

9-12-79 Moved pulling unit off. Operator is trying to determine if other zones in well justify testing. A decision as to future status of well is expected to be made prior to October 1980. Intend to temporarily abandon well until such date.

Attachments:

- 2 copies of cement log run 9-11 to USGS
- 1 copy of cement log run 9-11 to OCC

APPROVED FOR A PERIOD
NOT TO EXCEED 1 YEAR.

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

SIGNED Harry R. Byrd TITLE President DATE Oct 11 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE Oct 15 1979

CONDITIONS OF APPROVAL, IF ANY: