

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(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"/>  | 7. UNIT AGREEMENT NAME  |
| 2. NAME OF OPERATOR<br>BCO, Inc.  | 8. FARM OR LEASE NAME<br>Nancy  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 669 Santa Fe, New Mexico 87501  | 9. WELL NO.<br>4  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>2310' FNL 1980' FWL Section 12 T24N R8W NMPM | 10. FIELD AND POOL, OR WILDCAT<br>Undes. Mancos Dakota                  |
| 14. PERMIT NO.  | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA<br>Sec. 12 24N 8W NMPM |
| 15. ELEVATIONS (Show whether DP, RT, GR, etc.)<br>GR 7287   | 12. COUNTY OR PARISH<br>San Juan  |
|   | 13. STATE<br>New Mexico   |

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

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

(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.) \*

8-8-76

Ran cement bond-variable density and dual spacing thermal neutron decay time logs.

8-9-76

Ran pump back in hole and placed well in production.

2 copies of each log run above is transmitted to the U.S.G.S.  
1 copy of OCC with this report.

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

SIGNED

Harry R. Boyle

TITLE

President

DATE 9-15-76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Okal

\*See Instructions on Reverse Side