

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 ☒ GAS WELL ☐ OTHER ☐ MAY 02 1986

2. NAME OF OPERATOR  
BCO INC. BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

3. ADDRESS OF OPERATOR  
135 Grant, Santa Fe, NM 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1980' FWL 1830' FSL Sec 4 T23N R7W NMPM

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, ST, GR, etc.)  
7268GR

5. LEASE DESIGNATION AND SERIAL NO.  
SF 078272-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Campos

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
Lybrook Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 4 T23N 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	<input type="checkbox"/>	FULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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 any 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.)\*

This well has a casing failure. We intend to lay down 2 3/8" tubing, circulate out the mud and spearhead 4500#'s 20-40 vulcan sand which should leave sand at about 5450' and protect the formation. When we are able to obtain casing, tubing and appropriate equipment, we will complete the repair. We will land 2 7/8" tubing between 4900' and 5400' and cement same inside 4 1/2" casing with 500 sacks of Class H cement, mixed at 15.6 #'s with a yield of 1.18. Will drill out cement inside 2 7/8" and clean out 4 1/2" to 5930'. Will land 1 1/2" tubing at 5900' and place well back in operation.

The following information is pertinent on this well:

Perfs: 5662' - 5908'  
PBSD: 5930'

RECEIVED  
MAY 15 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED Elizabeth B. Keeshan TITLE Comptroller

DATE 5/1/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED

MAY 13 1986

AREA MANAGER

\*See Instructions on Reverse Side  
NMOCC