

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. ADDRESS OF OPERATOR BCO, Inc. 135 Grant, Santa Fe, NM 87501		5. LEASE DESIGNATION AND SERIAL NO. SF-078272	
2. NAME OF OPERATOR BCO, Inc.		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL 390 FEL Sec 3 T23N R7W		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, ST, GR, etc.) GR 6953		7. UNIT AGREEMENT NAME	
				8. FARM OR LEASE NAME Dunn	
				9. WELL NO. 11	
				10. FIELD AND POOL, OR WILDCAT Lybrook Gallup & Undesignated Graneros	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 3 T23N R7W NMPM	
				12. COUNTY OR PARISH Rio Arriba	
				13. STATE NM	

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) Down-hole commingling allocation (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

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.) *

As requested by the BLM, I submit the following information. The District Director of the Aztec office of the Oil Conservation Division of New Mexico has approved the following allocation of production between the two formations which are commingled as allowed by OCD order R6929. A copy of this order was submitted as an attachment to a sundry notice dated 9/28/88.

	Oil	Gas
Gallup	75%	92%
Graneros	25%	8%
	100%	100%

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

SIGNED Elizabeth B. Keesha TITLE Vice President DATE 10/3/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

NMOC

ACCEPTED FOR RECORD

DEC 12 1988

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side