

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 <input checked="" type="checkbox"/> - GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-078272 *
2. NAME OF OPERATOR BCO, Inc. .	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 135 Grant, Santa Fe, NM 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 2280 FSL and 780 FEL .	8. FARM OR LEASE NAME Dunn .
14. PERMIT NO.	9. WELL NO. 3-Y .
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 6978' .	10. FIELD AND POOL, OR WILDCAT Undes. Graneros Lybrook Gallup .
	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 .

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 checked="" type="checkbox"/>	(Other) <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 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.) *

12/19/90 Approved APD says will set J-55 11.6# 4 1/2" casing at 6450' with N-80 11.6# 4 1/2" casing set at 60'. Intend to set 11.6# N-80 4 1/2" casing from TD to surface.

RECEIVED

FEB 11 1991

OIL CON. DIV.;
DIST. 3

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

SIGNED Elizabeth B. Keeshan TITLE President

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side

APPROVED

DATE 12/19/90

JAN 24 1991

DATE

AREA MANAGER
FARMINGTON REGION