

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-16586	
2. NAME OF OPERATOR BCO, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 135 Grant 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 1850' FSL - 990' FEL Sec 33 T23N R7W		8. FARM OR LEASE NAME Federal I	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6866' GR		10. FIELD AND POOL, OR WILDCAT Alamito Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33 T23N R7W	
		12. COUNTY OR PARISH Sandoval	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL 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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other) Intention to repair casing ☒

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.)*

Believe well has a casing failure. Plan to isolate leak and squeeze as necessary. Plan to rig up on well 30 August 1991. Squeezing operations should commence on 02 September 1991.

Verbal approval was obtained from Steve Mason, District Engineer, Bureau of Land Management, Farmington Resource Area on 29 August 1991 at 1:40 p.m.

History:

Well was completed in 1979. TD 5208', top of cement 4450'. Gallup perforations are 4894', 4898', 4902, 5014', 5018', 5022', 5036', 5048', 5074', 5094', and 5018' (11 holes).

A casing leak was discovered and squeezed with 500 sacks in December 1983. Depth of failure was 3488' - 3736'.

Note: This sundry notice is being faxed and mailed to the BLM on 29 August 1991.

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

SIGNED

TITLE Petroleum Engineer

DATE August 29, 1991

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
SEP 25 1991

OIL CON. DIV
DIST. 3

SEP 24 1991
DATE
FAXED
FARMINGTON RESOURCE AREA