

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR BCO, Inc.	8. FARM OR LEASE NAME Federal I
3. ADDRESS OF OPERATOR 135 Grant Santa Fe, New Mexico 87501	9. WELL NO. 2
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 .	10. FIELD AND POOL, OR WILDCAT Alamito Gallup
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33 T23N R7W .
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6866' GR .	12. COUNTY OR PARISH Sandoval
	13. STATE New Mexico

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

THERE IS A SUSPECTED CASING FAILURE IN THE WELL.
BCO, INC. REQUESTS APPROVAL TO IDENTIFY AND REPAIR
THE CASING FAILURE. THE ANTICIPATED STARTING DATE OF
OPERATIONS IS JULY 6, 1993.

RECEIVED
JUL 21 1993
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
93 JUL 14 PM 12:38
070 FARMINGTON, NM

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Senior Field Engineer DATE 6-29-93
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE NMOCD
CONDITIONS OF APPROVAL, IF ANY: [Signature]
APPROVED
DATE JUL 16 1993
DISTRICT MANAGER

*See Instructions on Reverse Side