

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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	

16. 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)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

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

MOVE IN, RIG UP, NIPPLE DOWN WELL HEAD, NIPPLE UP BOP, AND RIGGED UP MUD PUMP. A RETRIEVABLE BRIDGE PLUG AND PACKER WAS USED TO ISOLATE THE CASING FAILURE FROM 386' TO 455'. THE RETRIEVABLE BRIDGE PLUG WAS SET AT 814' AND A TENSION PACKER WAS SET AT 104'. THE CASING FAILURE WAS SQUEEZED WITH 200 SX OF CLASS "B" CEMENT WITH 2% CALCIUM CHLORIDE. THE WELL WAS LEFT SHUT IN OVERNIGHT. TRIPPED IN THE HOLE WITH A BIT AND TUBING AND DRILLED GOOD CEMENT FROM 208' TO 443'. TRIPPED OUT OF HOLE AND PICKED UP RETRIEVING HEAD AND TRIPPED IN HOLE AND RETRIEVED BRIDGE PLUG. TRIPPED OUT OF HOLE AND TRIPPED BACK IN WITH PRODUCTION STRING. THE TUBING WAS LANDED AT 5102'.

THE SQUEEZE WAS PERFORMED JULY 29, 1993.
THE CEMENT WAS DRILLED ON AND AFTER JULY 30, 1993.
THE WELL WAS PUT BACK IN PRODUCTION AUGUST 3, 1993.

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

SIGNED

Rich Wilkey

TITLE

Senior Field Engineer

DATE

08/03/93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 09 1993

FARMINGTON DISTRICT OFFICE

BY

mt

*See Instructions on Reverse Side

NMOCD