

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 a well or to change 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, OR, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL 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 PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Run Packer

(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.)

RICK WILCOX WITH BCO, INC. RECEIVED VERBAL APPROVAL FROM STEVE MASON WITH THE BLM ON AUGUST 5, 1993 TO RUN A BAKER MODEL R PACKER IN AN ATTEMPT TO DETERMINE AND OR ALLEVIATE GAS MIGRATION.

1991: SQUEEZED 429' TO 445' WITH 150 SX OF CLASS "B" WITH 2 PERCENT CALCIUM CHLORIDE, CEMENT WAS CIRCULATED OUT THE BRAIDEN HEAD WITH BLM APPROVAL

1993: SQUEEZED 386' TO 455' WITH 200 SX OF CLASS "B" WITH 2 PERCENT CALCIUM CHLORIDE, THERE WAS NO INDICATION OF BRAIDEN HEAD COMMUNICATION

THERE ARE NO SIGNS OF FLUID ENTRY INTO THE WELL. AVAILABLE DATA IS INDICATIVE OF HIGH PRESSURE GAS MIGRATION. THE BAKER MODEL R PACKER WILL PREVENT THIS MIGRATION OF GAS. THE PACKER WILL BE SET AT 550' AND WILL BE RAN ON AUGUST 6, 1993. THE WELL WILL BE CLOSELY CHECKED TO DETERMINE IF THERE IS PRESSURE ABOVE THE PACKER.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

AUG 8 0 1993

DISTRICT MANAGER

*See Instructions on Reverse Side