

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 a well. Use "APPLICATION FOR PERMIT—" for such purposes.)

RECEIVED
SEP - 1 1993

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. 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 SP, ST, OR, ETC.) 6866' GR .		10. FIELD AND POOL, OR WILDCAT Alamito Gallup
		11. SEC., T., R., M., OR BLM, 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"/>	WELL 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 type="checkbox"/>	(Other) <u>Packer Test</u>	
(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 and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones per-

SUBSEQUENT REPORT:

08/06/93: RIGGED UP AND NIPPLED DOWN WELL HEAD. RIGGED UP TO AND PULLED 8 STANDS OF TUBING, PICKED UP BAKER MODEL R PACKER AND RAN BACK IN THE HOLE, SET PACKER, LANDED TUBING AND NIPPLED UP WELL HEAD. THE PACKER WAS SET AT 510' AND THE TUBING WAS LANDED AT 5108'. RIGGED UP AND SWABBED WELL FOR MAXIMUM FLUID RECOVERY.

08/08/93: MADE ONE SWAB RUN AND PLACED WELL BACK IN PRODUCTION.

08/13/93: CASING PRESSURE HAS BEEN MONITORED DAILY. THE CASING HAS NOT BUILT PRESSURE AND THEREFORE THERE IS NO COMMUNICATION ABOVE THE PACKER.

THE PRODUCTION CASING IS 4.5", 10.5 LB/FT.

THE TUBING IS 2 3/8", 4.70 LB/FT, EUE.

RECEIVED
BLM
AUG 16 PM 1:27
FARMINGTON, NM

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

SIGNED

[Signature]

TITLE

Senior Field Engineer

DATE

08-13-93

(This space for Federal or State office use)

ACCEPTED FOR RECORD
DATE

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

AUG 30 1993

*See Instructions on Reverse Side

FARMINGTON DISTRICT OFFICE

BY

[Signature]