

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-16586
2. Name of Operator BCO INC.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 135 GRANT, SANTA FE, NM 87501 505 983-1228	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990' FSL 790' FWL SEC 33 T23N R7W NMPM	8. Well Name and No. FEDERAL I-3
	9. API Well No. 30-043-20336
	10. Field and Pool, or Exploratory Area ALAMITO GALLUP
	11. County or Parish, State SANDOVAL, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>acidizing</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

11/11/93 Halliburton Services pumped 210 gallons 15% FeHCL to treat producing formation. Placed well back in production.

RECEIVED
NOV 22 1993
OIL CON. DIV.
DIST. 3

NOV 17 1993
OIL CON. DIV.
DIST. 3

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

Signed Elizabeth B. Keeshan Title PRESIDENT

Date 11/15/93

(This space for Federal or State office use)

ACCEPTED FOR RECORD

Approved by _____
Conditions of approval, if any:

Title _____ Date _____

NOV 18 1993

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

FARMINGTON DISTRICT OFFICE

BY mt

*See instruction on Reverse Side

NMOCD