

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
BCO, Inc.

3. ADDRESS OF OPERATOR

135 Grant Avenue, Santa Fe, New Mexico 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1830' FNL 1840' FEL Sec. 34 T23N R7W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

GR 6936

5. LEASE DESIGNATION AND SERIAL NO.  
NM 6682

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Federal B

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
Alamito Gallup

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 34 T23N R7W

12. COUNTY OR PARISH 13. STATE  
Sandoval NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<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.)\*

We believe well has a casing failure. We believe hole is located above shallowest producing fresh water sand because our indication of a problem is gas pressure at the Bradenhead valve and reduction of the number of trips per day. Production shows no sign of water or drilling mud.

We will first locate hole. Will then set retrievable bridge plug at about 100 feet below hole, will drop sand on top of bridge plug. Will open Bradenhead and pump cement down casing and circulate cement through and out of Bradenhead. Will then close Bradenhead valve and apply a light squeeze.

Verbal approval to repair the well was obtained from Errol Becher May 19, 1986.

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

SIGNED

Elizabeth B. Keeshan

TITLE

Comptroller

DATE

May 19, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAY 23 1986

AREA MANAGER

\*See Instructions on Reverse Side

NMOCC