

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR BCO, Inc.		8. FARM OR LEASE NAME Federal B	
3. ADDRESS OF OPERATOR 135 Grant Ave., Santa Fe, New Mexico 87501		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1800' FSL and 1760' FEL Sec. 34 T23N R7W		10. FIELD AND POOL, OR WILDCAT Undesignated Gallup	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34 T23N R7W	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6965' GR		12. COUNTY OR PARISH Sandoval	
		13. STATE NM	

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" 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) <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.)

- 4/10/85 Tried to tag bottom. Tubing landed 3' above mud at 5259' with 83 stands 2 3/8". Came out of hole. Went back in hole with 2 3/8" and notched collar. Circulated hole clean to bottom. Found bottom at 5318'. Came out of hole laying down 166 joints of 2 3/8".
- 4/11/85 Advised Marko Keckman with BLM would cement Friday, April 12, 1985. Dropped 55 sacks of 20-40 vulcan sand in hole.
- 4/12/85 Went in hole with 2 7/8". Tagged sand at 4715' with 20' in on joint 149. Picked up and laid down three joints. Landed 2 7/8" at 4641' with 146 joints. Mixed 450 sacks Class H cement at 15.6#'s with a yield of 1.18, or 531 cubic feet of slurry. Circulated 30 barrels of slurry. Paul Chamberlain from the BLM observed.
- 4/13/85 Drilled cement from 4463' to 4659'. Cement stringers for a few feet. Cleaned out sand to 4759'. Circulated hole clean. Pulled out of hole with 10 stands.
- 4/15/85 Finished coming out of the hole. Went back in with seat nipple and notched collar. Circulated sand out with KCL water and foam. Cleaned out sand to 5318'. Picked up and laid down three joints of 1 1/2". Landed 1 1/2" tubing at 5231'.
- 4/16/85 to 4/19/85 Swabbed well and placed back in production.

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

SIGNED Elizabeth B. Keeshan TITLE Comptroller DATE 4/25/85
Elizabeth B. Keeshan
(This space for Federal or State office use)

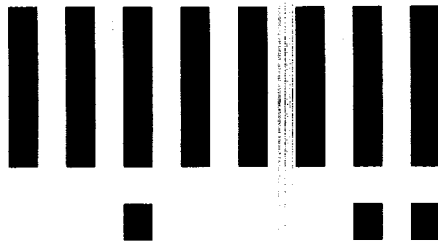
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

APR 26 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY _____



LTR



Job separation sheet

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BCO, Inc.	Well API No. 30043203390
Address 135 Grant, Santa Fe, NM 87501	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal B	Well No. 3	Pool Name, Including Formation Alamito Gallup	Kind of Lease <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other	Lease No. NM 6682
Location Unit Letter J : 1800 Feet From The south Line and 1760 Feet From The east Line Section 34 Township 23N Range 7W, NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 135 Grant, Santa Fe, NM 87501					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 34	Twp. 23N	Rge. 7W	Is gas actually connected? Yes	When? December 1978

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature James P. Bennett
James P. Bennett Office Manager
Printed Name Title
6/30/89 983-1228
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 06 1989
By Burt D. Chang
SUPERVISION DISTRICT # 3
Title SUPERVISOR DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such data.