

**DEPARTMENT OF THE INTERIOR** (Other instructions on reverse side)  
**BUREAU OF LAND MANAGEMENT**

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. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		5. <b>LEASE DESIGNATION AND SERIAL NO.</b> NM-6682	
2. <b>NAME OF OPERATOR</b> BCO, Inc.		6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b>	
3. <b>ADDRESS OF OPERATOR</b> 135 Grant, Santa Fe, NM 87501		7. <b>UNIT AGREEMENT NAME</b>	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1850 FSL 880' FWL Sec. 34 T23N R7W		8. <b>FARM OR LEASE NAME</b> Federal B	
14. <b>PERMIT NO.</b>		9. <b>WELL NO.</b> 4	
15. <b>ELEVATIONS</b> (Show whether SP, RT, CR, etc.) GR 6886		10. <b>FIELD AND POOL, OR WILDCAT</b> Alamito Gallup	
		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 34 T23N R7W	
		12. <b>COUNTY OR PARISH</b> Sandoval	13. <b>STATE</b> 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"/>	PCLL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

**SUBSEQUENT REPORT OF:**

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)\*

Believe well has developed a casing leak. Plan to test for leak, isolate, and squeeze with cement as necessary.

SEP 11 1992  
 OIL CON. DIV.  
 DIST. 3

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

SIGNED [Signature] TITLE Petroleum Engineer

DATE 9/11/92

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

**APPROVED**

DATE SEP 15 1992

[Signature] AREA MANAGER

\*See Instructions on Reverse Side

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