

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

# OIL CONSERVATION DIVISION

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

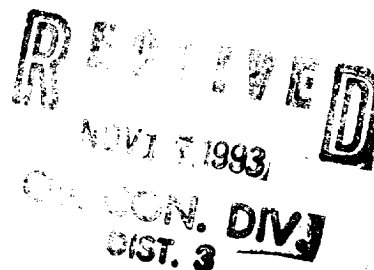
WELL API NO. 30-043-20815
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG 3924-3
7. Lease Name or Unit Agreement Name Alamito
8. Well No. 4
9. Pool name or Wildcat Alamito Gallup

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</p>	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator BCO, Inc.	
3. Address of Operator 135 Grant, Santa Fe, NM 87501	
4. Well Location Unit Letter <u>G</u> : <u>1960</u> Feet From The <u>North</u> Line and <u>2130</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>23N</u> Range <u>7W</u> NMPM <u>Sandoval</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6840 GR	

<p>11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data</p>	
<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <u>acidizing</u> <input checked="" type="checkbox"/></p>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

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



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Elizabeth B. Keeshan TITLE PRESIDENT DATE 11/15/93  
TYPE OR PRINT NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

APPROVED BY Original Signed by CHARLES GHOLSON TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE NOV 17 1993

CONDITIONS OF APPROVAL, IF ANY: