

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 6682	
2. NAME OF OPERATOR BCO, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 135 Grant, Santa Fe, NM 87501		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FNL and 1650' FWL SEC 22, T23N, R7W, NMPM		8. FARM OR LEASE NAME Federal B	
14. PERMIT NO.		9. WELL NO. 8	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7380' GL		10. FIELD AND POOL, OR WILDCAT Lybrook Gallup Ext	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 22, T23N, R7W, NMPM	
		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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<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.)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETION	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
PLUG BACK PLANS	<input type="checkbox"/>	Spud Well	<input checked="" type="checkbox"/>

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.)

2/22/90 Advised Mark Kelly with the BLM that we intended to spud the well 2/23/90 (date) and that we intended to cement surface pipe at 2:00 (time) on 2/23/90 (date).

2/23/90 Spudded well. Drilled 12 1/4" hole and ran 220' 24# 8-5/8" limited service surface pipe. DV 0° at 232'. Landed pipe at 232' and cemented with 155 sacks Class B . 2% CaCl cement with 1/4 lbs flocele per sack. Cement was mixed at 15.6 lbs with a yield of 1.18 cubic feet per sack or a total of 183 cubic feet. Circulated 8 barrels of cement. Plug down at 1:15 p.m. on 2/23/90 (time) (date).

2/26/90 Drilling at 3515.

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

SIGNED Elisabeth B. Keeshan TITLE Vice President

(This space for Federal or State office use)

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

Accepted For Record
2/26/90

MAR 13 1990

Chief, Branch of
Mineral Resources
Farmington Resource Area

*See Instructions on Reverse Side