

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 <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  2020 FNL 900 FWL Sec 22 T23N R7W NMPM		8. FARM OR LEASE NAME Federal B
14. PERMIT NO.		9. WELL NO. 9
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7410' 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	DRILLING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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 checked="" 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 Disposal 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.)\*

5/21/90 Notified Steve Mason of BLM that casing did not hold when pressure tested after logged cement. Used packers to isolate defective casing between 2450' and 2470'.

5/22/90 Steve Mason of BLM gave verbal permission to repair casing following the program outlined below. Will go in hole with Halliburton RTTS packer. Packer to be set at 2000'; will squeeze with 250 sacks Class B cement mixed with 2% Calcium Chloride. Will wait on cement to reach appropriate compressive strength. Will drill out cement, perforate, break down perforations and frac through 2 7/8" tubing run with a packer that will be set below 2477'.

Did additional testing and determined hole located between 2455' and 2459'. Determined casing holding below 2461'. Closest collar is 2466' so defect in casing weld.

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

SIGNED Elizabeth B. Keshan TITLE Vice-President

DATE 5/22/90

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

NMOCD

APPROVED

DATE MAY 24 1990

FOR AREA MANAGER

\*See Instructions on Reverse Side