

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"/>	REPAIRING WELL <input 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 checked="" type="checkbox"/>	CHANGE PLANS <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.)*

5/30/90 Attempted to frac. When pressure got up to 3400 PSI, broke to 780 PSI.
Used packers to determine hole above 500'.

5/31/90 Leaked at 357'. Pulled up and determined collar at 356' does not leak.
Bottom of hole at 392'. One joint is split open. Received verbal permission
from Steve Mason of the BLM to repair by setting bridge plug at 2418' and
pumping 400 sacks Class B with 2% CaCl and CFR2 down casing and squeezing.

RECEIVED
JUN 29 1990
OIL CON. DIV
DIST. 3

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

SIGNED <u>Elizabeth B. Keeshan</u>	TITLE <u>Vice-President</u>	ACCEPTED FOR RECORD DATE <u>6/1/90</u>
(This space for Federal or State office use)		JUN 25 1990
APPROVED BY _____	TITLE _____	FARMINGTON RESOURCE AREA
CONDITIONS OF APPROVAL, IF ANY:		BY <u>[Signature]</u>

*See Instructions on Reverse Side