

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, NEW MEXICO 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 900' FNL - 780' FEL N.M.P.M.	8. FARM OR LEASE NAME FEDERAL B *
14. PERMIT NO.	9. WELL NO. 10
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL: 7222	10. FIELD AND POOL, OR WILDCAT LYBROOK GALLUP *
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 22 T23N R7W NMMP
	12. COUNTY OR PARISH SANDOVAL
	13. STATE NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL 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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) MOVE PIT	X

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.)*

Moved proposed location of reserve pit to south side of location as diagrammed. Will step pit down and put in at least 50% cut.

RECEIVED
DEC 5 1991
OIL CON. DIV.
DIST. 3

APPROVED

DEC 2 1991
K. AREA MANAGER

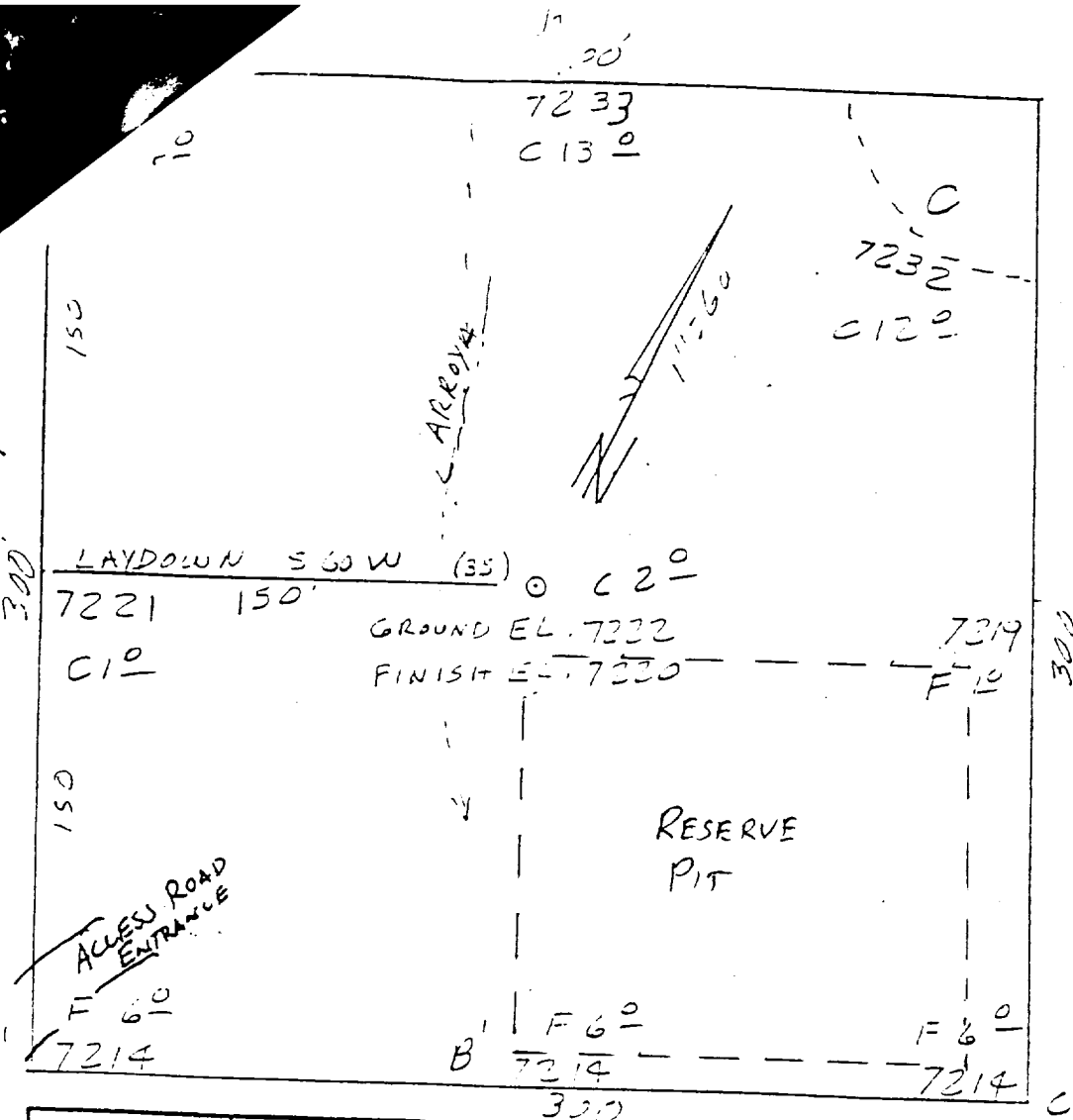
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE PETROLEUM ENGINEER DATE 11/19/91

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



BCO, Inc.

OPERATOR

Federal B #10

WELL NAME and NUMBER

900' F/NL

780' F/EL

FOOTAGES

22
SEC.

23N
TWP.

7W
RGE.

Sandoval, New Mexico

COUNTY

STATE

September 19, 1991

DATE

7240	-----	-----	-----	-----	-----
7230	-----	-----	-----	-----	-----
7220	-----	-----	-----	-----	-----
7210	-----	-----	-----	-----	-----

SCALE

Horiz. 1" = 60'

Vert. 1" = 30'

7240	-----	-----	-----	-----	-----
7230	-----	-----	-----	-----	-----
7220	-----	-----	-----	-----	-----
7210	-----	-----	-----	-----	-----

7240	-----	-----	-----	-----	-----
7230	-----	-----	-----	-----	-----
7220	-----	-----	-----	-----	-----
7210	-----	-----	-----	-----	-----