

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-013
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.)

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR BCO, INC.</p> <p>3. ADDRESS OF OPERATOR 135 GRANT SANTA FE, NEW MEXICO 87501</p> <p>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.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-6682</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME FEDERAL B</p> <p>9. WELL NO. 10</p> <p>10. FIELD AND POOL, OR WILDCAT LYBROOK GALLUP</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 22 T23N R7W NMMP</p> <p>12. COUNTY OR PARISH SANDOVAL</p> <p>13. STATE NEW MEXICO</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, CR, etc.) GL: 7222</p>

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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Set Surface Casing</u> <input checked="" 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.)

3/23/92

Notified Bureau of Land Management answering machine at 8:00 a.m. on 3/23/92 that would spud and run and cement surface casing. Spudded well at 12:30 p.m. Drilled 12 1/4 hole to 378'. Set 8 joints (353.44') of 8.625" casing with three (3) centralizers as per oil and Gas Order 2 (as amended 2/26/92) at 365'. Cemented casing with 275 sacks Class "B" with 2% CaCl2 plus 1/4 lb/sx flocele. Circulated 10 barrels (48 sacks) Good slurry. Cement density = 15.2 lbm/gal, yield = 1.18 cubic feet per sack. Tested casing and B.O.P. to 1000 psi.

Anticipate reaching TD 5800' on March 29, 1992.

RECEIVED
APR 6 1992
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
MAR 26 PM 1:23
OIL & GAS DIVISION, N.M.

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

SIGNED [Signature] TITLE Petroleum Engineer DATE 3/25/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

ACCEPTED FOR RECORD

APR 10 1992

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA