

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

REVERSE SIDE
(Other instructions on re-
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-6682

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL B

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

LYBROOK GALLUP

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC 27 T23N R7W NMPM

12. COUNTY OR PARISH 13. STATE

SANDOVAL

NEW MEXICO

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

BCO, INC.

3. ADDRESS OF OPERATOR

135 GRANT, SANTA FE, NEW MEXICO 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2270' FNL - 1650' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

GL: 7308'

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

09/01/93

Halliburton Services pumped 250 gallons 7 1/2% Fe HCl to treat
producing formation. Placed well back in production.

RECEIVED
SEP 13 1993
OIL CON. DIST. 3

SEP 7 7 PM 1:52

RECEIVED
BLM

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

SIGNED Elizabeth B. Keeshan TITLE President

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE SEP 09 1993

FARMINGTON DISTRICT OFFICE

*See Instructions on Reverse Side

NMOOD