

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

9-043-20885

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒

GAS
WELL ☐

OTHER

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

BCO, Inc.

3. ADDRESS OF OPERATOR

135 Grant Avenue, Santa Fe, New Mexico 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations.)

At surface

1708' FSL x 976' FEL

At proposed prod. zone

1708' FSL x 976' FEL

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

2.3 miles South of Lybrook, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

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

GL: 7252

KB: 7264

This action is subject to technical and
procedural review pursuant to 43 CFR 3165.3
and appeal pursuant to 43 CFR 3166.4.

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT GENERAL REQUIREMENTS
12.250	8.625"	24#	360'	275 Sacks
7.875	4.500"	11.6#	5800'	689 Sacks

Operator plans to drill from the surface through the Base of the Gallup Formation. If determined productive, production casing will be set and cemented. Potentially productive zones will be opened and stimulated as necessary.

Exhibits

- A - Location Plat - (OCD Form C-102)
- B - Ten Point Compliance Plan - Operations
- C - Blowout Preventer Diagram
- D - Multi-Point Requirements Program
- E - Topography Map Showing Roads

- F - Drilling Rig Layout
- G - Completion Rig Layout
- H - Location Profile Plat
- I - Facilities Layout
- J - Central Gathering Facility Layout
- K - R/W Land Use Plat

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

TITLE Petroleum Engineer

DATE September 10, 1992

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED
AS AMENDED

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*** Note: A Form 2800-14 Signed in blank accompanies Original APD.

AREA MANAGER

*See Instructions On Reverse Side

NMOOD

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89
RECEIVED
DEM

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

92 SEP 14 PM 1:43

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

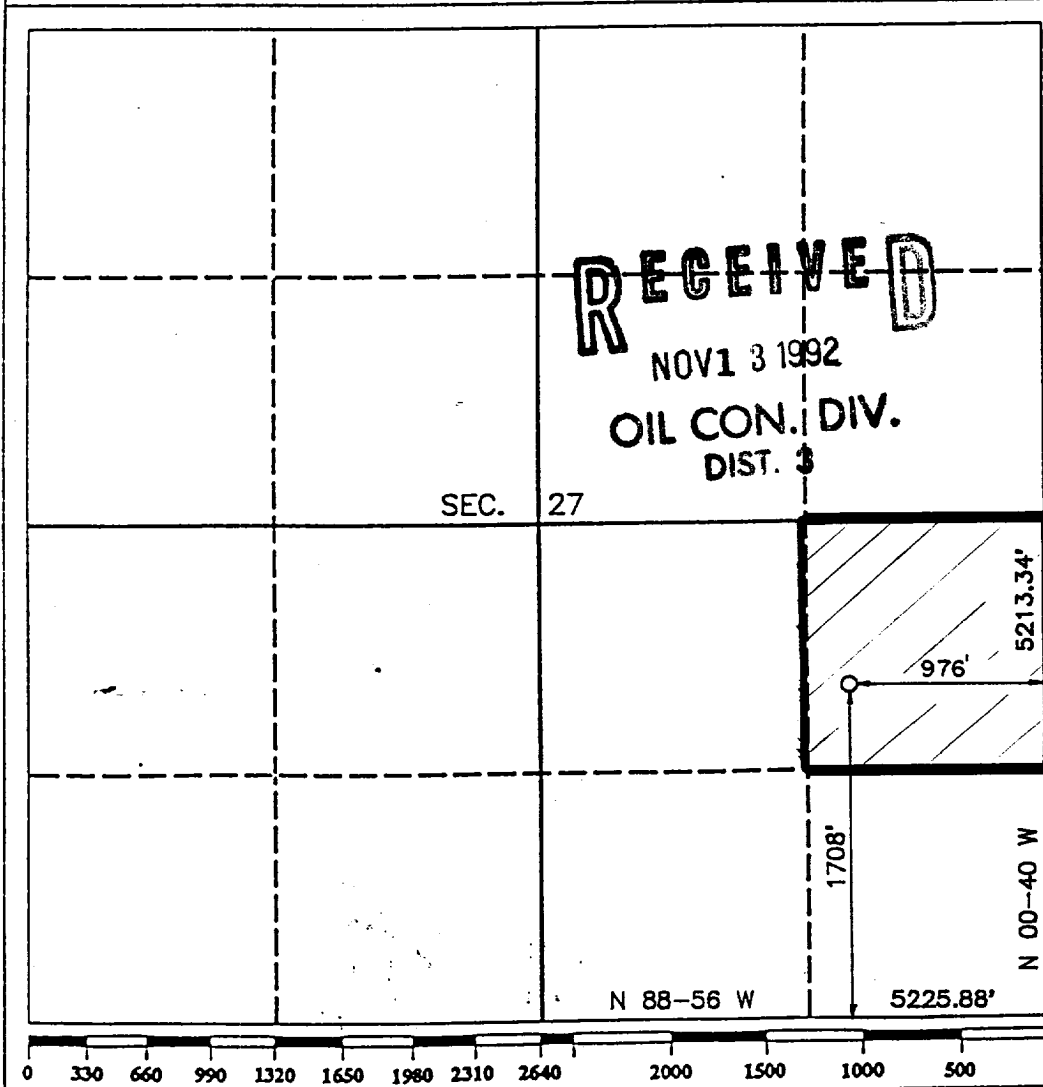
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator B.C.O. INC.			Lease FEDERAL "B"			Well No. 15		
Unit Letter I	Section 27	Township T.23 N.	Range R.7 W.		County SANDOVAL	NMPM		
Actual Footage Location of Well: 1708 feet from the SOUTH line and 976 feet from the EAST line								
Ground level Elev. 7252'		Producing Formation GALLUP		Pool LYBARK GALLUP EXT		Dedicated Acreage: 40 Acres		

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature

Printed Name

Position

Company

Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of
Professional Surveyor

Certificate No.

