

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

FEB 10 PM 2:34
FARMINGTON, NM

5. Lease Designation and Serial No.
NM-6682

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
FEDERAL B #13

9. API Well No.
30-043-20915

10. Field and Pool, or Exploratory Area
LYBROOK GALLUP

11. County or Parish, State
SANDOVAL, NM

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
BCO, INC.

3. Address and Telephone No.
135 GRANT, SANTA FE, NM 87501 (505) 983-1228

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1195' FSL & 445' FEL, NMPM
SE/4 OF THE SE/4 (P)
S22-T23N-R7W

12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other CEMENT 4 1/2" PROD. CASING
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

THE BLM WAS NOTIFIED VIA THE CEMENT PHONE AT 11:05 AM ON 02/06/94
4 1/2" CSG WOULD BE RUN AND CEMENTED @ 11:30 PM ON 02/06/94.
CASING: 128 JTS, 4 1/2" J55, 11.6#, SET AT 5742'
CENTRALIZERS: 11 GALLUP, 11 SPACED ABOVE GALLUP, 2 F. M. OJO
CEMENT BASKETS: 5229', 4156', 1419'
LEAD: 1000 SX 65/35 POZ, 12% BENTONITE, 6.25 LB/SX FLOCELE AND
0.6% HALAD-322, DENSITY=11.3 PPG, YIELD=2.64 CUBIC FEET/SX
TAIL: 150 SX CLASS "G" PREMIUM, 6.25 LB/SX GILSONITE, 8 BL/SX
SALT, 0.5 LB/SX FLOCELE AND 2% CALCIUM CHLORIDE, DENSITY=15.2 PPG
THE PLUG WAS DOWN AT 10:00 AM ON FEBRUARY 7, 1994

CIRCULATED 43.5 BARRELS (244 CUBIC FEET) OF CEMENT TO SURFACE

CERTIFIED RETURN RECEIPT REQUESTED: P326 823 110

(SEE ATTACHED HALLIBURTON JOB LOG)

RECEIVED
FEB 11 1994
1150

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

Signed [Signature] Title SENIOR FIELD ENGINEER Date 02/08/94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

ACCEPTED FOR RECORD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

NMOCD

FARMINGTON DISTRICT OFFICE

RY [Signature]

FIELD _____ SEC. *22* TWP. *23N* RING. *7W* COUNTY. *Sandoval* STATE. *NM*

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS FROM _____ TO _____
 INITIAL PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 PRESENT PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH *5745*

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	N	11.6	4 1/2	0	5745	2500
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR <i>SS 2 4 1/2</i>	<i>1</i>	<i>Howco</i>
FLOAT SHOE <i>SS 2 1 1/2</i>	<i>1</i>	<i>"</i>
GUIDE SHOE		
CENTRALIZERS <i>S 4 1 1/2</i>	<i>2</i>	<i>Turbo</i>
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER <i>LINE CAP</i>	<i>3</i>	<i>"</i>

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <i>2-6</i> TIME <i>2:30</i>	DATE <i>2-7</i> TIME <i>2:30</i>	DATE <i>2-7</i> TIME <i>8:00</i>	DATE <i>2-7</i> TIME <i>1:00</i>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<i>R Snyder</i>	<i>88177 40959</i>	<i>055930</i>
<i>M Squires</i>	<i>ESFS 77104 P</i>	<i>"</i>
<i>J Kersey</i>	<i>BIN 7813</i>	<i>"</i>
<i>M Huber</i>	<i>BULK TRK 7481</i>	<i>"</i>

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. °API
 DISPL. FLUID _____ DENSITY _____ LB/GAL. °API
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE _____ GAL. _____ %
 SURFACTANT TYPE _____ GAL. _____ IN.
 NE AGENT TYPE _____ GAL. _____ IN.
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN.
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN.
 FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN.
 BREAKER TYPE _____ GAL.-LB. _____ IN.
 BLOCKING AGENT TYPE _____ GAL.-LB. _____ IN.
 PERMAC BALLS TYPE _____ QTY. _____
 OTHER _____

DEPARTMENT *3001*
 DESCRIPTION OF JOB *CMT 4 1/2 busting*

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE *X [Signature]*
 HALLIBURTON OPERATOR *Randy Snyder* COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF BAGS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./BK.	MIXED LBS./GAL.
<i>1</i>	<i>2000</i>	<i>65/35</i>		<i>B</i>	<i>12 1/2 Total Gel 6 1/4 3SK Gelsomite 1/4 3SK Floccle 6/10 of 1 3 Huber 322</i>	<i>2.64</i>	<i>11.3</i>
<i>2</i>	<i>150</i>	<i>Premium</i>		<i>B</i>	<i>6 1/4 3SK Gelsomite 8 3SK Salt 1/2 3SK Floccle 28 CC</i>	<i>1.58</i>	<i>15.2</i>

PRESSURES IN PSI

SUMMARY

CIRCULATING _____ DISPLACEMENT _____
 BREAKDOWN _____ MAXIMUM _____
 AVERAGE _____ FRACTURE GRADIENT _____
 SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____
 ORDERED _____ AVAILABLE _____ USED _____
 TREATING _____ DISPL. _____ OVERALL _____
 FEET *45* CEMENT LEFT IN PIPE _____
 REASON *Stop*

VOLUMES
 PRESFLUSH BBL.-GAL. *600* TYPE *5 flush 8 CC HV*
 LOAD & BKDN: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. _____
 CEMENT SLURRY: BBL.-GAL. *506*
 TOTAL VOLUME: BBL.-GAL. *655*

REMARKS

See Job Log

JOB LOG FORM 2013 R-3

 CUSTOMER BCO WELL NO. 13 LEASE Fed-B JOB TYPE 4 1/2 In. Limestone TICKET NO. 536461

0730						ON location Safety Meeting Rigup 7 1/2 Hole TD 5745 4 1/2" 11.6 Csg
0800	5			✓	300	H2O Ahead
0802	5	10		✓	350	Switch to 2 & CC H2O
0804	5	10		✓	350	Switch to H2O
0807	5	10		✓	400	Switch to Superflush
0813	5	20		✓	400	Switch to H2O
0815	6.5	10		✓	480	Switch to Lead Cmt Mix at 113.1100
0907	6.5	470		✓	200	Switch to tail Cmt Mix at 15.2 150
0937	4.2	36		✓	150	Shut down drop Plug & Wash P&L
0940	7			✓	100	Pmp disp H2O with Sugar & Clay for
0947	3.5	50		✓	350	Slow Pmp
0958	3.5	39		✓	1250	land Plug
0959					1750	open Release float held Circ. 45 ^{min} CMT TO SURFACE
						Truck Released
						Thanks Randy & crew