

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-16586 *
2. Name of Operator BCO, INC. *	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 135 GRANT, SANTA FE, NM 87501 505 983-1228 *	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1665' FNL & 970' FWL, NMPM * SW/4 NW/4 (E) S21-T23N-R7W *	8. Well Name and No. FEDERAL I #8 *
	9. API Well No. 30-043-20918 *
	10. Field and Pool, or Exploratory Area LYBROOK GALLUP *
	11. County or Parish, State SANDOVAL, NM *

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 type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Surface Restoration & Reseeding</u>	<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.)*

Surface restoration has been completed. The reseedling was completed the week of August 22 - 26, 1994. The contractor who did the restoration reseedling was Robert E. Ramirez of Cuba, New Mexico.

RECEIVED
SEP - 7 1994
OIL CON. DIV.
DIST. 3

020 FARMINGTON, NM

14 AUG 31 AM 11:06

RECEIVED
BLM

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

Signed Elizabeth B. Keesha Title President

Date August 29, 1994

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 01 1994

FARMINGTON DISTRICT OFFICE

BY _____

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

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