

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

PERMIT IN TRIPLICATE  
(Other instructions on reverse side)

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	88 JUL -7 AM 10:57	5. LEASE DESIGNATION AND SERIAL NO. NM-048989-A
2. NAME OF OPERATOR BCO, Inc.	FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 135 Grant Avenue, Santa Fe, New Mexico 87501		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 480' FNL and 1980' FEL Section 2 T22N R8W NMPM, San Juan County		8. FARM OR LEASE NAME Federal G
14. PERMIT NO.	15. ELEVATIONS (Show whether DT, RT, GR, etc.) GR 6850	9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT Alamito Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 2 T22N R8W NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Spudding & cementing <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.)\*

7/5/88 Advised Marco Kecman with the BLM that we intended to spud the well 7/5/88 (date) and that we intended to cement surface pipe at 4-5:00 p.m. on July 5, 1988 (time) (date).

7/5/88 Spudded well. Drilled 12-1/4" hole and ran 213' 23# 8-5/8" limited service surface pipe. DV 1/2" at 231'. Landed pipe at 225' and cemented with 155 sacks Class B 2% CaCl cement with 1/4 lbs flocele per sack. Cement was mixed at 15.6 lbs with a yield of 1.18 cubic feet per sack or a total of 183 cubic feet. Circulated 5 barrels of cement. Plug down at 7:15 p.m. on 7/5/88 (time) (date).

7/6/88 Drilling at 643'.

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

SIGNED Elizabeth B. Keeshan TITLE Vice President DATE 7/6/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side