

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-0135
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 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
2080' ENL - 2070' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GL 6775

5. LEASE DESIGNATION AND SERIAL NO.
NM-8005

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
FEDERAL D

9. WELL NO.
8

10. FIELD AND POOL, OR WILDCAT
SOUTH BISTI GALLUP

11. SEC. T. R. M., OR BLK. AND SURVEY OR AREA
SEC 9 T23N R9W N.M.P.M

12. COUNTY OR PARISH 13. STATE
SAN JUAN NEW MEXICO

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) EXTEND APD <input checked="" type="checkbox"/>	XX

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

17. SPECIAL PROPOSED OR COMPLETED OPERATIONS. Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.*

Operator requests a six (6) month extension on permit to drill subject well. Current expiration date is November 8, 1991.

Options for gathering and transportation of casing head gas are under study. We would like time to put a gathering system in operation prior to drilling this well.

RECEIVED
OCT 18 1991
OIL & GAS DIVISION
BUREAU OF LAND MANAGEMENT

THIS APPROVAL EXPIRES MAY 08 1992

I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE PETROLEUM ENGINEER DATE 18 OCT 91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APPROVED

CONDITIONS OF APPROVAL, IF ANY:

DATE OCT 24 1991
[Signature]
AREA MANAGER

*See Instructions on Reverse Side