

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM-8005

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"/>	2. NAME OF OPERATOR BCO, Inc.	3. ADDRESS OF OPERATOR 135 Grant, Santa Fe, NM 87501	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 475' FSL & 2185' FEL	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. 3	10. FIELD AND POOL, OR WILDCAT South Bisti Gallup Ext	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 3, T23N, R9W, NMPM	12. COUNTY OR PARISH San Juan	13. STATE NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 6815'											

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL 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 checked="" 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)	<input 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.)*

2/22/91 Received verbal permission from Steve Mason to change Approved Permit to drill. Have decided to run two stage cement job.

CEMENTING PROGRAM: All volumes are contingent upon Caliper logs. Approximate location of stage tool: 3750'.

1st Stage: Cement with 50 sacks (69 cu.ft.) Class "G" cement with 8# salt + 6 1/4# Gilsonite + 1/2# flocele per sack followed by 200 sacks (277 cu.ft.) Class "G" cement with 2% CaCl₂ + 8# salt + 6 1/4# Gilsonite + 1/2# flocele per sack. Total cement slurry for the first stage is 346 cu.ft. Will be designed to circulate above state tool.

2nd Stage: Cement with 900 sacks (1314 cu.ft.) Class "G" 50/50 Poz Mix with 2% gel and 12# Gilsonite per sack, 2% KCL by weight of water. Will be designed to circulate to the surface.

Total cement slurry for both stages is 1975 cu.ft.

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

SIGNED Elizabeth B. Keeshan TITLE President

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

OIL CON. F.
DATE 2/22/91

APPROVED

MAR 06 1991

AREA MANAGER

NMOOD

*See Instructions on Reverse Side