

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

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"/>	5. LEASE DESIGNATION AND SERIAL NO. SF 078563
2. NAME OF OPERATOR BCO, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 135 Grant, Santa Fe, NM 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 990 FNL 850 FEL Sec 23 T24N R7W NMPM	8. FARM OR LEASE NAME Byrd
14. PERMIT NO.	9. WELL NO. 1-23
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6733 GR	10. FIELD AND POOL, OR WILDCAT Devils Fork Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23 T24N R7W NMPM
	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

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 type="checkbox"/>
(Other) REPAIR CASING <input checked="" 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.)*

Well has developed a casing leak.

Operator requests approval to isolate leak and squeeze with cement. Work is scheduled for April 1992. Operator will advise BLM of the quantity of cement to be pumped after the leak is located.

Attachments - (1) well sketch.

RECEIVED
FARMINGTON DISTRICT OFFICE
FARMINGTON, NEW MEXICO
92 FEB 14 AM 10:50

RECEIVED
FEB 20 1992
OIL CON. DIV.
DIST. 2

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

SIGNED [Signature]

TITLE PETROLEUM ENGINEER

DATE 2/13/92

(This space for Federal or State office use)

APPROVED

APPROVED BY [Signature]

TITLE

DATE FEB 19 1992

CONDITIONS OF APPROVAL, IF ANY:

AREA MANAGER

*See Instructions on Reverse Side

NMOCD

DIAGRAMMATIC WELL SKETCH

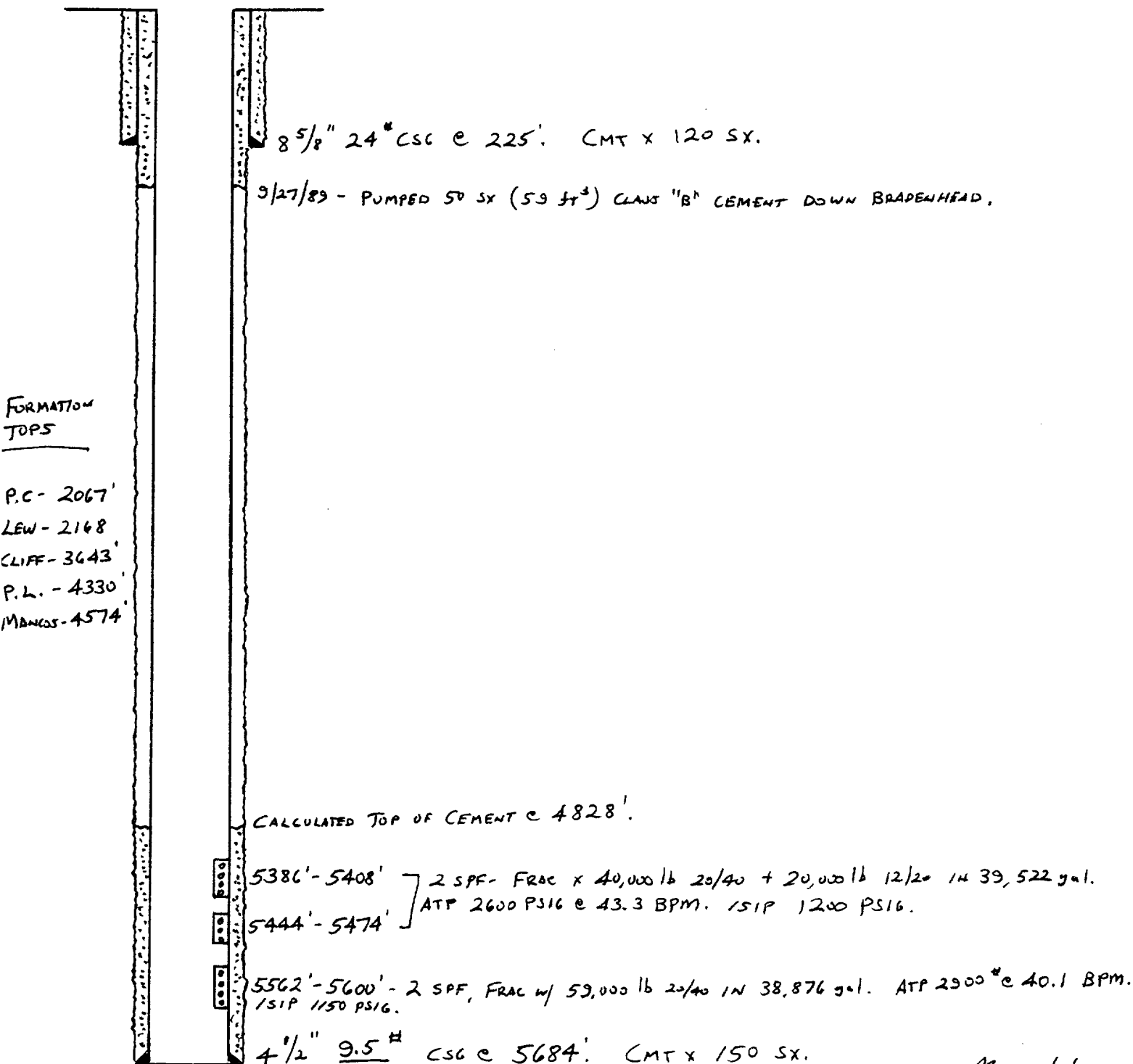
BYRD 1-23

DEVIL'S FORK GALLUP

RIO ARRIBA CO., NM.

LOCATION: 990' FNL X 850' FEL SEC 23 T 24N R 7W

TD: 5684' GL: 6733' MSL KB: 6745' MSL (12' AGL)



1/9/92
N. L. DUNCAN