5 BLM; 1 HLB; 1 HRB; Form \$160-5	1 RR JNITED STATES	SUBMIT IN TRIPLICATES	T	No. 1004-0135
(November 1983) (Formerly 9–331) DEPARTMENT OF THE INTERIOR verse side) BUREAU OF LAND MANAGEMENT			Expires August 31, 1985 5. Lease designation and serial no. NM 03595	
SUNDRY NOTI	CES AND REPORTS (ON WELLS	6. IF MIDIAN, ALLOTTE	E OR TRIBE NAME
OIL X WELL OTHER		MAY 0 g to	Escrito Gallup Unit	
BCO Inc.		B112	8. FARM OR LEASE WAME Escrito Gallup Unit	
2. ADDRESS OF OFERATOR 135 Grant Avenue.	Santa Fe, New Mexic	FARMINGTON RESCURCE AREA State requirements	9. WHILE NO.	<u> </u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. FIELD AED POOL, OR WILDCAT - Wildcat	
790 FEL 790 FSL Sec 17 T24N R7W NMPM			11. EDC, T. R. M. OR REM AND SURVEY OF ARMA Sec 17, T24N, R7W NMPM	
14. PERMIT BO.	18. ELEVATIONS (Show whether DF, GR 7305	, RT, CR, etc.)	12 COUPTY OF FARISH	18. STATE N M
16. Check Apr		lature of Notice, Report, or C	<u> </u>	
			TENT REPORT OF:	
FRACTURE TREAT MI	LL OR ALTER CASING ULTIPLE COMPLETE AMDON®	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDISING (Other)	ABANDONMEN ARANDONMEN	AEIRG
(Other) 17. DESCRIBE PROPOSED ON COMPLETED OPER.		(Note: Report results Completion or Recompl	of multiple completion e etion Report and Log for	TEL.)
Within the next sixty Before the well is aba by swabbing. If forma produce and leave shut oil and casinghead gas duction.	ndoned we will test tion produces gas, w in until there is a	existing Chacra performe will leave well in parket for gas. If the	rations (3589-3 position to formation produ	
If swabbing shows no eplugging and abandonme		of oil or gas, we will	proceed with	
In plugging the well well well well well well well we	7, 1986. As soon a h plugging alternati ce of intention to a	s the economic decision we we will select, we	on has been will file an	V E M
Present PBTD: Formation Tops	3705' : Ojo Alamo 1910' Kirtland 2102'		MAY 2 1 198	36 200
	Picture Cliffs 2 Chacra 3396'	25951	OIL CON.	DIV.
18. I hereby certify that the foregoing is to	rue and correct	Comptroller	DATE 5/8/8	6
(This space for Federal or State office	nse)			
APPROVED BY	TITLE		MAY 15 IS DATE TO AREA MANAGE	R R
	*See Instructions	on Reverse Side	FARMINGTON RESOUR	ICE AREA