

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTSUBMIT 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"/>		RECEIVED MAY 31 1985		5. LEASE DESIGNATION AND SERIAL NO. NM 0557390	
2. NAME OF OPERATOR BCO, Inc.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 135 Grant Avenue, New Mexico		BUREAU OF LAND MANAGEMENT 8750 FARMINGTON RESOURCE AREA		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 800'FSL 1840'FEL Sec 21 T24N R7W NMPM Rio Arriba County				8. FARM OR LEASE NAME Federal 3-21	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6875 GR		9. WELL NO. 4	
				10. FIELD AND POOL, OR WILDCAT Escrito Gallup	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 21 T24N R7W	
				12. COUNTY OR PARISH Rio Arriba	
				13. STATE New Mexico	

16. 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"/>
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"/>	

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) <u>Drilling Progress</u> <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.)*

Upon reviewing the May 15, 1985 letter from the Oil Conservation Commission, we submit the following additional information:

- 1) The well was spudded at 8:00 P.M. May 23, 1985.
- 2) The surface cement was tested at 1000 lbs for thirty minutes.

OIL CON. DIV.
DIST. 3

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

SIGNED Elizabeth B. Keeshan TITLE ComptrollerDATE 5/30/85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

NMOCC

*See Instructions on Reverse Side