

**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.)

<p>1. <b>OIL WELL</b> <input type="checkbox"/> <b>GAS WELL</b> <input checked="" type="checkbox"/> <b>OTHER</b> <input type="checkbox"/></p> <p>2. <b>NAME OF OPERATOR</b> BCO, Inc.</p> <p>3. <b>ADDRESS OF OPERATOR</b> 135 Grant, Santa Fe, NM 87501</p> <p>4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  660 FNL 1980 FWL Sec 29 T24N R6W NMPM</p>	<p>5. <b>LEASE DESIGNATION AND SERIAL NO.</b> COMM-7329 SF-078724</p> <p>6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b></p> <p>7. <b>UNIT AGREEMENT NAME</b></p> <p>8. <b>FARM OR LEASE NAME</b> Zamora <del>120</del></p> <p>9. <b>WELL NO.</b> 1</p> <p>10. <b>FIELD AND POOL, OR WILDCAT</b> Devil's Fork <i>Spring</i></p> <p>11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec29 T24N R6W NMPM</p> <p>12. <b>COUNTY OR PARISH</b> 13. <b>STATE</b> Rio Arriba New Mexico</p>
<p>14. <b>PERMIT NO.</b></p>	<p>15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) GR6618</p>

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"/>	FULL 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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)

8/28/89 Moved on location and rigged up.

8/30/89 Pumped 1000 gallons of 15% FE Hydrochloric Acid with 200 gallons Isopropanol and 44,200 SCF of nitrogen. Pumped at an average rate of 1 barrel per minute at an average pressure of 1600 PSI.

8/31/89 Well shut in. Evaluating effect of acidizing on formation pressures.

**RECEIVED**  
SEP 22 1989  
OIL CON. DIV  
DIST. 2

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

SIGNED Elizabeth B. Keeshan TITLE Vice President DATE 9/6/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_