Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

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.)

5. LEASE DESIGNATION AND SERIAL NO.: NM-0557389

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: BCO, Inc.

8. FARM OR LEASE NAME: Nancy

3. ADDRESS OF OPERATOR: 135 Grant Ave Santa Fe, New Mexico 87501

9. WELL NO.: 4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 2310 FNL 1980 FWL Sec 12 T24N R8W

10. FIELD AND POOL, OR WILDCAT: Dufers Point GP/DK

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 12-T24N-R8W NMPM

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): GR 7287

12. COUNTY OR PARISH: San Juan

13. STATE: NM

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[X]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]				
(Other)				(Other)			

(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.)*

09/01/93 Halliburton Services pumped 250 gallons 7 1/2% Fe HCl to treat producing formation. Placed well back in production.

RECEIVED
BLM
93 SEP -7 PM 1:51
070 FARMINGTON NM

RECEIVED
SEP 13 1993
OIL CON. DIV.
DIST. 3

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

SIGNED Elizabeth B. Keeshan TITLE President DATE 09/03/93

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE SEP 09 1993

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
FARMINGTON DISTRICT OFFICE
BY

*See Instructions on Reverse Side
NMOCD