

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(See Instructions on reverse side)

Expires August 31, 1985

SUMMARY 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 ☒ GAS WELL ☐ OTHER ☐		3. LEASE DESIGNATION AND SERIAL NO. SF-078272	
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 2240 FEL. Sec 3 T23N R7W B		8. FARM OR LEASE NAME Dunn	
14. PERMIT NO.		9. WELL NO. 9	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) GR 6922		10. FIELD AND POOL, OR WILDCAT Lybrook Gallup & Undesignated Graneros	
12. COUNTY OR PARISH Rio Arriba		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 3 T23N R7W NMPM	
13. STATE NM			

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PCLL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
(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.)*

9/15/93 Halliburton Services pumped 579 gallons 10% HCl to treat producing formation. Placed well back in production.

RECEIVED

SEP 24 1993

OIL CON. DIV
DIST. 3

OIL CON. DIV, NM

SEP 17 AM 11:39

RECEIVED
BLM

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

SIGNED Elizabeth B. Keasha

TITLE President

DATE 9/16/93

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 20 1993

FARMINGTON DISTRICT OFFICE

*See Instructions on Reverse Side

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NMCOG