

BUREAU OF LAND MANAGEMENT

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.)

3. LEASE DESIGNATION AND SERIAL NO.

SF-078272

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dunn

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT Lybrook Gallup & Undesignated Graneros

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 3 T23N R7W NMPM

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

BCO, Inc.

3. ADDRESS OF OPERATOR

135 Grant, Santa Fe, NM 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface

1980 FNL 390 FEL Sec 3 T23N R7W

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, ST, CR, etc.)

GR 6953

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

Vertical box for Test Water Shut-off

PULL OR ALTER CASING

Vertical box for Pull or Alter Casing

WATER SHUT-OFF

Vertical box for Water Shut-off

REPAIRING WELL

Vertical box for Repairing Well

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

Vertical box for Shooting or Acidizing with 'X' in it

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(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 1

RECEIVED SEP 17 11:39 AM 8/14 OGD DISTRICT OFFICE, NM

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

SIGNED Elizabeth B. Keeshan TITLE President

DATE 9/16/93

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE

ACCEPTED FOR RECORD DATE

SEP 21 1993

FARMINGTON DISTRICT OFFICE

\*See Instructions on Reverse Side