

DEPARTMENT OF THE INTERIOR (Reverse Side)
BUREAU OF LAND MANAGEMENT

D. LEASE DESIGNATION AND SERIAL NO.

SF-078272

E. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

BCO, INC.

3. ADDRESS OF OPERATOR

135 Grant Ave., Santa Fe, N.M. 87501

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

2310' FSL and 820' FWL Sec 10 T23N R7W
Rio Arriba County, N.M.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dunn

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT
Undesignated Graneros/
Lybrook Gallup11. SEC., T., R., M., OR BLK. AND
SURVEY OF AREA

Sec 10 T23N R7W NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

GR 7441

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

PULL OR ALTER CASING

XX

SHOOT OR ACIDIZE

MULTIPLE COMPLETION

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

REPAIRING WELL

SHOOTING OR ACIDIZING

ALTERING CASING

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.)

Change in casing program from APD submitted May 6, 1988:

Hole Size	Casing Size	Wt/Ft	Setting Depth	Grade and Condition
7-7/8"	4-1/2"	11.6#	7041'	New, J-55

Everything else remains as submitted

RECEIVED
MAY 27 1988
OIL CON. DIV.
DIST. 8

COPIED 23 PM 2:12
MAY 23 1988

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

SIGNED Elizabeth B. Keeshan TITLE Vice PresidentDATE May 20, 1988

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOC