

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

BUDGET 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR BCO, INC.	8. FARM OR LEASE NAME Federal B
3. ADDRESS OF OPERATOR 135 Grant, Santa Fe, NM 87501	9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2020 FNL 900 FWL Sec 22 T23N R7W NMPM	10. FIELD AND POOL, OR WILDCAT Lybrook Gallup Ext
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 22, T23N, R7W, NMPM
15. ELEVATIONS (Show whether DP, RT, CR, etc.) 7410' GL	12. COUNTY OR PARISH Sandoval
	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 <input type="checkbox"/>	PULL 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/> Test Casing	(Other) <input checked="" 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.)

3/7/90 On March 4, 1990 tested 8 5/8" casing at 600# for 30 minutes.
Casing held. Will pressure test 4 1/4" casing when complete well.

RECEIVED
MAR 26 1990
OIL CON. DIV.
DIST. 3

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

SIGNED Elizabeth B. Keeshan TITLE Vice-President DATE 3/7/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAR 20 1990

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Chief, Branch of
Mineral Resources
Farmington Resource Area