

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form 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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 6682
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 2020 FNL 900 FWL Sec 22 T23N R7W NMPM	8. FARM OR LEASE NAME Federal B
14. PERMIT NO.	9. WELL NO. 9
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7410' GL	10. FIELD AND POOL, OR WILDCAT Lybrook Gallup Ext
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 22, T23N, R7W, NMPM
	12. COUNTY OR PARISH Sandoval
	13. STATE NM

18. 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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input 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.)*

6/8/90 Received verbal permission from Wayne Townsend of BLM at 8:30 a.m. to try another squeeze on split joint between 357 and 397.

RECEIVED
JUL 13 1990
OIL CON. DIV.
DIST

18. I hereby certify that the foregoing is true and correct
SIGNED Elizabeth B. Keeshan TITLE Vice-President DATE June 11, 1990
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____
ACCEPTED FOR RECORD
DATE JUL 09 1990

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY [Signature]