

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
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.)

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, NEW MEXICO 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 900' FNL - 780' FEL N.M.P.M. •	8. FARM OR LEASE NAME FEDERAL B •
14. PERMIT NO.	9. WELL NO. 10 •
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL: 7222 •	10. FIELD AND POOL, OR WILDCAT LYBROOK GALLUP •
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA SEC 22 T23N R7W •NMPM
	12. COUNTY OR PARISH SANDOVAL •
	13. STATE NEW MEXICO

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) <u>Report burying of lines</u> <input checked="" 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.) *

Received permission from Bureau of Land Management to use temporary surface flow lines for one year.

I hereby report that lines have been buried in accordance with original requirements of APD.

RECEIVED
JUN 7 1993
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
93 MAY 24 AM 11:12
070 FARMINGTON, NM

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

SIGNED <u>Elizabeth B. Keeshan</u>	TITLE <u>President</u>	DATE <u>5/21/93</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD

JUN 2 1993

*See Instructions on Reverse Side

FARMINGTON DISTRICT OFFICE