

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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	8. FARM OR LEASE NAME
BCO, INC.	FEDERAL B
3. ADDRESS OF OPERATOR	9. WELL NO.
135 GRANT, SANTA FE, NEW MEXICO 87501	11
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT
2200' FSL - 2090' FEL	LYBROOK GALLUP
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	NW/4 SE/4
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	SEC 22 T23N R7W NMPM
GL: 7222'	12. COUNTY OR PARISH
	SANDOVAL
	13. STATE
	NEW MEXICO

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(Other) TEST CASING ☒

(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.)*

4/07/92

TESTED SURFACE CASING AND BOP TO 1000 POUNDS.
CASING HELD. PROCEEDED TO DRILL 7 7/8" HOLE.

RECEIVED
BLM
92 MAY 19 PM 4:03
019 FARMINGTON, N.M.

RECEIVED
JUN - 3 1992
OIL CON. DIV.
DIST. 3

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

SIGNED Elizabeth B. Keeshan TITLE PRESIDENT

(This space for Federal or State office use)

ACCEPTED FOR RECORD 5/18/92

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

MAY 22 1992

*See Instructions on Reverse Side
NMOOD

FARMINGTON RESOURCE AREA
BY SMR