

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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.)

RECEIVED

AUG 18 1986

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA
2. NAME OF OPERATOR BCO, Inc.	
3. ADDRESS OF OPERATOR 135 Grant Avenue, Santa Fe, New Mexico	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL 660 FEL Sec 19 T24N R7W NMPM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 7276 DF 7289

5. LEASE DESIGNATION AND SERIAL NO. SF - 080034	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. DEED AGREEMENT NAME Escrito Gallup	
8. FARM OR LEASE NAME Escrito Gallup Unit	
9. WELL NO. 10 (formerly Fed 3-19 #1)	
10. FIELD AND POOL, OR WILDCAT Escrito Gallup	
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 19 T24N R7W NMPM	
12. COUNTY OR PARISH Rio Arriba	13. STATE N M

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	Construct gas line <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.)\*

8/5/86 - 8/7/86 Constructed 2" gas line along route approved by B.L.M.  
Used 1575' 2" BIK T&C API line pipe.

8/7/86 Connected gas line to Kinney Compressor gathering system. Begas to sell gas.

RECEIVED  
AUG 21 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED Elizabeth B. Keeshan TITLE Comptroller

ACCEPTED FOR RECORD  
DATE August 14, 1986

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

AUG 19 1986  
DATE

FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

BY Alan S. Kiner

\*See Instructions on Reverse Side

NMOCG