

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-03595

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>	2. NAME OF OPERATOR BCO, Inc.	3. ADDRESS OF OPERATOR 135 Grant Avenue, Santa Fe, New Mexico 87501	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface (NW/SE) 1920' FSL, 2120' FEL, Sec 18, T24N, R7W	14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7163' GR
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7. UNIT AGREEMENT NAME Escrito Gallup Unit	8. FARM OR LEASE NAME Escrito Gallup Unit	9. WELL NO. #25 (Elizabeth #8)	10. FIELD AND POOL, OR WILDCAT Escrito Gallup	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 18 T24N R7W	12. COUNTY OR PARISH Rio Arriba	13. STATE NM
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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>Drilling in Progress</u> <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.)

6/9/84 Advised Debbie Bates with the BLM that we intended to spud the well on 6/9/84 and that we intended to cement surface pipe at about 5:00 P.M. on 6/9/84.

6/9/84 Spudded well. Drilled 12 1/4" hole and ran 208' 24# 8 5/8" J-55 surface pipe. DV 3/4 at 218: Landed pipe at 218: Cemented with 160 sacks Class H 3% CaCl cement, with 1/4# flocele per sack. Cement had a yield of 1.18 cubic feet per sack or a total of 189 cubic feet of cement was used. Circulated 11 barrels of cement. Plug down at 1:15 A.M. on 6/10/84.

6/10/84 Drilling at 2473

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

SIGNED Harry R. B... TITLE President DATE 6/11/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

NMOCG

JUN 27 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY Jmm