

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 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		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 250'FWL 2040'FSL, Sec 21, T24N, R7W, N.M.P.M., Rio Arriba County		5. LEASE DESIGNATION AND SERIAL NO. NM-0557390		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7285 GR		16. COUNTY OR PARISH Rio Arriba		17. STATE New Mexico		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Federal 3-21	
9. WELL NO. 5		10. FIELD AND POOL, OR WILDCAT Escrito Gallup		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T24N, R7W		12. COUNTY OR PARISH Rio Arriba		13. STATE New Mexico			

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL 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 PLANS <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 checked="" type="checkbox"/> Drilling Progress	

(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.)\*

Upon reviewing the May 15, 1985 letter from the Oil Conservation Commission, we submit the following additional information:

- 1) The well was spudded at 4:00 P.M. May 14, 1985.
- 2) The surface cement was tested at 1000 lbs for thirty minutes.

OIL CON. COM.  
DIST. 3

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

SIGNED Elizabeth B. Keeshan TITLE Comptroller DATE 5/30/85  
Elizabeth B. Keeshan

(This space for Federal or State office use)

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

ENCLOSURE

\*See Instructions on Reverse Side