

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-087657
2. Name of Operator BCO, INC	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 135 Grant, Santa Fe, New Mexico 87501, (505) 982-1228	7. If Unit or CA, Agreement Designation Escrito Gallup
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 855' FNL and 410' FEL S13, T24N, R8W; NMPM	8. Well Name and No. Escrito Gallup Unit
	9. API Well No. 3 (Formerly Smith #2)
	10. Field and Pool, or Exploratory Area Escrito Gallup
	11. County or Parish, State SAN JUAN

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input checked="" type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

There is a suspected casing failure in the well.
BCO, INC. Requests approval to Identify and
Repair the casing failure. The anticipated
starting Date is July 6, 1993.

RECEIVED

AUG - 2 1993

OIL CON. DIV.

DIST 7

070 PARMINGTON, NM

93 JUL 19 AM 9:12

RECEIVED
BLM

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

Signed <u><i>Vito White</i></u>	Title <u>SENIOR Field Engineer</u>	Date <u>7-17-93</u>
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(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

APPROVED

Date

JUL 30 1993

DISTRICT MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side

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