

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-6682
2. NAME OF OPERATOR BCO, INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 135 GRANT, SANTA FE, NEW MEXICO 87501	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2200' FSL - 2090' FEL	8. FARM OR LEASE NAME FEDERAL B
14. PERMIT NO.	9. WELL NO. 11
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL: 7222'	10. FIELD AND POOL, OR WILDCAT LYBROOK GALLUP
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/4 SE/4 SEC 22 T23N R7W NMPM
	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	<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 PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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"/> Spud & Set Surface Casing		<input checked="" type="checkbox"/> XX

(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.) *

4/06/92

Notified Bureau of Land Management at 8:15 a.m. of intention to spud and set surface casing. Spud well at 9:15 a.m. Drilled 12.25" hole to 370' using native mud. Set 8 joints 353.00' of 8.625" 24# J-55 casing at 365' using centralizers on bottom 3 joints as required by Onshore Order #2 (amended 26 Feb 92). Halliburton cemented casing with 275 sacks Class "B" plus 2% CaCl2 plus 0.25 lb/sx Flocele. Circulated 10 bbl good slurry. Plug down at 3:30 p.m.

Contractor: Walters Rig #5.

YIELD = 1.18 $\frac{5+3}{5X}$ DENSITY = 15.2 $\frac{16.2}{9.0}$
AMT CIRC = 48 SX.

RECEIVED
APR 15 1992
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature] TITLE Petroleum Engineer DATE April 7, 1992

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

APR 11 1992

EMOOD

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV [Signature]