

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)  
BUREAU OF LAND MANAGEMENT

EXPIRES AUGUST 31, 1993  
5. LEASE DESIGNATION AND SERIAL NO.  
NM-8005

# 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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR BCO, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 135 Grant, Santa Fe, NM 87501		8. FARM OR LEASE NAME Federal D	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 475' FSL & 2185' FEL		9. WELL NO. 3	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT South Bisti Gallup Ext	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 6815'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 3, T23N, R9W, NMPM	
		12. COUNTY OR PARISH San Juan	13. STATE NM

## 13. 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"/>	

### 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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)\*

09/02/93

Halliburton Services pumped 250 gallons 7 1/2% Fe HCl to treat producing formation. Placed well back in production.

DECEMBER 7 1993

SEP 9 1993

SEP 7 7 PM 1:55

RECEIVED

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

SIGNED Elizabeth B. Keeshan TITLE President DATE 09/03/93

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 09 1993

FARMINGTON DISTRICT OFFICE

\*See Instructions on Reverse Side