Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.: SF-080202-B

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: BCO, Inc.

8. FARM OR LEASE NAME: Federal 4-26

3. ADDRESS OF OPERATOR: 135 Grant Ave. Santa Fe, New Mexico 87501

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1850' FNL and 1700' FEL Sec 26 T24N R7W

10. FIELD AND POOL, OR WILDCAT: Escrito Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 26 T24N R7W NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): GR 6712

12. COUNTY OR PARISH: Rio Arriba

13. STATE: N.M.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL	XX	CHANGE PLANS		(Other)			
(Other)				(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.)*

8/3/88 Called Ken Townsend of BLM to notify him that we suspect we have a casing failure. Intend to locate hole with bridge plug and packer. When hole is located, will squeeze with cement. Received verbal permission to proceed with repair. When cement job is scheduled, will notify Inspection and Enforcement.

RECEIVED
AUG 11 1988
OIL CON. DIV.
DIST. 3

APPROVED
AUG 09 1988
FOR AREA MANAGER

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

SIGNED Elizabeth B. Keeshon TITLE Vice President DATE 8/3/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: