UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

SF- 078562

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL [X] · GAS WELL [ ] OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR BCO, INC.	8. FARM OR LEASE NAME Lybrook
3. ADDRESS OF OPERATOR 135 Grant Avenue, Santa Fe, New Mexico 87501	9. WELL NO. 2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2060 FSL 660 FEL · Sec 22; T24N R7W N.M.P.M.

10. FIELD AND POOL, OR WILDCAT

Escrito Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

22-24N - 7 W

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6748 Gr.	12. COUNTY OR PARISH Rio Arriba	13. STATE N.Mex.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF [ ]	PULL OR ALTER CASING [ ]
FRACTURE TREAT [ ]	MULTIPLE COMPLETE [ ]
SHOOT OR ACIDIZE [ ]	ABANDON* [ ]
REPAIR WELL [XX]	CHANGE PLANS [ ]
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREATMENT [ ]	ALTERING CASING [ ]
SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
(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.)*

Believe well has casing failure. Intend to set RBP above Gallup perfs (5378)
and then use packer to find the hole in the casing. Intend to repair said hole
with cement; let cement set for at least 72 hours; then drill out cement, remove
RBP, swab well and·place back in production.

RECEIVED

MAY 17 1984

OIL CON. DIV.
DIST. 3

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

SIGNED *Elizabeth B. Keeshan*
Elizabeth B. Keeshan

TITLE Comptroller

DATE 5/4/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

APPROVED

MAY 15 1984

M. MILLENBACH
AREA MANAGER