

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
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"/>		2. NAME OF OPERATOR BCO, Inc.		3. ADDRESS OF OPERATOR 135 Grant Avenue Santa Fe, New Mexico 87501		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FSL 660 FWL 17-24N-7W NMPM		5. LEASE DESIGNATION AND SERIAL NO. NM-03595-A	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 7177		7. UNIT AGREEMENT NAME Escrito		8. FARM OR LEASE NAME Escrito Unit		9. WELL NO. 11 (formerly Coleen #2)	
				10. FIELD AND POOL, OR WILDCAT Escrito Gallup		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-24N-7W NMPM		12. COUNTY OR PARISH Rio Arriba	
								13. STATE New Mexico	

16. 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) Surface Restoration	<input checked="" 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.) *

7/23/92

Trash removed from location and berm to prevent access by vehicular traffic constructed. Location was not re-seeded as requested in BLM letter of 23 April 92. Vegetation has grown considerably since BLM's inspection of 04 April 92 and now appears to be adequate.

PLEASE LET ME KNOW IF YOU WOULD LIKE TO CHECK THIS OUT AGAIN.

THANKS,
NEEL

RECEIVED

AUG 12 1992

OIL CON. DIV.
DIST. 2

ACCEPTED FOR RECORD
FARMINGTON RESOURCE AREA

AUG 16 1992

FARMINGTON, NEW MEXICO

BY _____

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

SIGNED

[Signature]

TITLE

Petroleum Engineer

DATE

July 23, 1992

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: