

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"/>	90 JAN -3 AM 10:21	5. LEASE DESIGNATION AND SERIAL NO. SF-078534
2. NAME OF OPERATOR BCO, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 135 Grant, Santa Fe, NM 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 880' FNL and 1850' FWL SEC 31, T24N, R6W, NMPM		8. FARM OR LEASE NAME Bobby B
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6697' GL	9. WELL NO. 4
		10. FIELD AND POOL, OR WILDCAT Escrito Gallup Assoc
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 31, T24N, R6W, NMPM
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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) Revised APD Information			<input checked="" 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 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.)

- 1) Intend to run 6 joints (approximately 240') of 11.6# N-80 4½" casing at surface. Remainder of casing string will be 11.6#, J-55, 4½" casing as specified in APD.
- 2) Cementing Program - Plan two stage cement job. Will run DV tool with casing string. Plan to set DV about 1000 feet above TD in Mancos.

Stage 1: 175 sacks (241 cubic feet) Premium cement with 2% CaCl<sub>2</sub> and 8 lbs salt and ½ lb flocele and 6¼ lbs gilsonite per sack. Will not be designed to circulate above DV tool. Top will be determined from cement bond log. Will open DV tool and circulate for four hours between stages.

Stage 2: 1135 sacks (2020 cubic feet) 65/35 Premium Poz Miz A with 4% gel, 10% salt, 10% Calseal and 10 lbs gilsonite per sack. Cement will be designed to circulate to surface.

NOTE: All volumes are contingent upon claiper logs.

RECEIVED

JAN 26 1990

OIL CON. DIV  
DIST. 3

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

SIGNED Elizabeth B. Keesha TITLE Vice President

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

NM000

\*See Instructions on Reverse Side

APPROVED

DATE 1/2/90

JAN 22 1990

Ken Townsend

AREA MANAGER  
FARMINGTON RESOURCE AREA