

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		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.		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6697' GL		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

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"/>		

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 checked="" type="checkbox"/> Submit DV Survey Report		<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.)*

2/26/90 I submit a notarized copy of the Deviation Test Report submitted to the New Mexico Oil Conservation Division today.

RECEIVED

MAR 6 1990

OIL CON. DIV.
DIST. 3

RECEIVED

MAR 26 1990

RECEIVED

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

SIGNED Elizabeth B. Keesha TITLE Vice President

DATE 2/26/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

Accepted For Record

DATE

MAR 14 1990

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department, agency, or area of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Chief, Branch of
Mineral Resources
Bureau of Land Management

BCO, Inc.OIL WELL OPERATOR
135 GRANT

SANTA FE, N. M. 87501

AREA CODE 505
983-1228

TO: New Mexico Oil Conservation Division

RE: Deviation Tests

Well # and Name Bobby B #4

Federal Lease Number SF-078534

Section, Township & Range Sec 31, T24N, R6W, NMPM

I hereby certify to the best of my knowledge and belief that the following are the results of deviation tests taken on the above well:

<u>Depth</u>	<u>Degrees</u>
230.	1 1/2°
736.	3/4°
1237.	1°
1732.	1 1/2°
2229.	1°
2600.	3/4°
3004.	1°
3500.	1°
3995.	1°
4490.	1°
4988.	3/4°
5635.	1°

Elizabeth B. Keeshan

Elizabeth B. Keeshan, Vice President

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

ON THIS 26th DAY OF February, 1990, BEFORE ME personally appeared ELIZABETH B. KEESHAN, known to me to be the Vice President of BCO, Inc., and who executed the foregoing instrument and acknowledged that she executed same as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate last above written.

My commission expires: 11/01/93

Elizabeth Ann Lovato