

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator BCO, INC.		Well API No. 30-049-24989
Address 135 GRANT, SANTA FE, NM 87501		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

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JUN 12 1991
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name State H	Well No. 7	Pool Name, Including Formation Undesignated Graneros	Kind of Lease State, Federal or Foreign	Lease No. LG 3748
Location Unit Letter F : 2255 Feet From The North Line and 1990 Feet From The East Line Section 2 Township 23N Range 7W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> BCO, INC.	Address (Give address to which approved copy of this form is to be sent) 135 GRANT, SANTA FE, NM 87501	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2
	Twp. 23N	Rge. 7W
	Is gas actually connected? No	
	When? As soon as nitrogen cleans up.	
If this production is commingled with that from any other lease or pool, give commingling order number: R-6929 (copy attached)		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1/14/91	Date Compl. Ready to Prod. 5/21/91		Total Depth 6436		P.B.T.D. 6395			
Elevations (DF, RKB, RT, GR, etc.) GL 6898	Name of Producing Formation Graneros		Top Oil/Gas Pay - This completion 6260		Tubing Depth 6344			
Perforations One 0.32" select fire perforation at 6260, 6262, 6264, 6266, 6280, 6282, 6304, 6360 and 6366 (6-7)					Depth Casing Shoe 6434			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		366'		275			
7 7/8"	4 1/2"		6434		1535			
4"	2 3/8"		6344					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 5/21/91	Date of Test 6/8/91	Producing Method (Flow, pump, gas lift, etc.) Swab to flow	
Length of Test 24 hours	Tubing Pressure 300	Casing Pressure 1000	Choke Size 18/64
Actual Prod. During Test 42	Oil - Bbls. 40	Water - Bbls. 2	Gas - MCF 80

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Elizabeth B. Keeshan
ELIZABETH B. KEESHAN PRESIDENT
Printed Name
Date 6/11/91 505-983-1228
Telephone No.

OIL CONSERVATION DIVISION

6-13-91
Date Approved JUN 13 1991

By Charles Johnson
Title DEPUTY OIL & GAS INSPECTOR, DIST. 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.