

FILE	1
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	1

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5 OCC Aztec
1 Pet Cons.
1 File

I. Operator **Bco, Inc.**
Address **P. O. Box 669 Santa Fe, N.M. 87501**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Campos	Well No. 1	Pool Name, Including Formation Lybrook Gallup	Kind of Lease State, Federal or Free FED
Location Unit Letter J ; 1650 Feet From The S Line and 1650 Feet From The E Line of Section 10 , 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"/> Bco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 669 Santa Fe, N.M. 87501					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Petroleum Consultants, Inc.	Address (Give address to which approved copy of this form is to be sent) 2820 Central Ave SE Albuquerque, N.M.					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 10	Twp. 23N	Rge. 7W	Is gas actually connected? Yes	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Check Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

OIL CONSERVATION COMMISSION
FEB 15 1968
APPROVED

BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3
TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner

2-11-68