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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator BCO, Inc.
Address 135 Grant, 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 Federal Lease No. 9F-078272-
Location J 1650 Feet From The south Line and 1650 Feet From The east
Unit Letter J 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 ☒ or Condensate ☐
BCO, Inc. Address (Give address to which approved copy of this form is to be sent)
135 Grant, Santa Fe, N.M. 87501
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Tiffany Gas Address (Give address to which approved copy of this form is to be sent)
P.O. Box 50, Farmington, N.M. 87401
If well produces oil or liquids, give location of tanks. Unit J Sec. 10 Twp. 23N Rge. 7W Is gas actually connected? Yes When Early 1960s

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.
Elevations (DF, RKB, RT, GR, etc.) 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 (Text 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 valves (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Casing Size
Actual Prod. During Test Shut-In Gravity of Oil
GAS WELL
Actual Prod. Test - MCF/D Length of Test Gravity of Gas
Testing Method (pilot, back pw) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Casing 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.
Elizabeth B. Keeshan
Vice President
March 28, 1988

OIL CONSERVATION COMMISSION
APPROVED Frank J. Gandy MAR 29 1988
BY Supervisor District 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.