

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

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: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☒ Condensate ☐

Change in Ownership ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Cambos	2	Lybrock Gallup	State, Federal or Fee FED
Location			
Unit Letter K	1830	Feet From The S	Line and 1980
Line of Section 4		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 ☐	Address (Give address to which approved copy of this form is to be sent)
Bco, Inc.	P. O. Box 669 Santa Fe, N.M. 87501
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Petroleum Consultants, Inc.	2820 Central Ave SE Albuquerque, N.M.
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit K, Sec. 4, Twp. 23N, Rge. 7W	YES ?

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 Restv.	Diff. Restv.
Date Spud/ed	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 (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	Choke Size
Actual Prod. During Test	Oil=Bbls.	Water=Bbls.	Gas=MMCF
GAS WELL			
Actual Prod. Test=MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure	Casing Pressure	Choke 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.

APPROVED

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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 portions of this form must be filled out completely for allow-

Vice President