

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-11
Effective 1-1-65

B.R.

DISTRIBUTION		5
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		3
PRORATION OFFICE		

Operator
Bco, Inc.Address
P.O. Box 669, Santa Fe, New Mexico 87501

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
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 Dunn	Well No. 2	Pool Name, Including Formation Lybrook Gallup Unders Greenhorn -Dakota	Kind of Lease Federal State, Federal or Fee SF-078272
Location Unit Letter: F; 2070 Feet From The North Line and 2260 Feet From The West Line of Section 10, Township 23 North Range 7 West, 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 checked="" type="checkbox"/> BCO, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 669 Santa Fe, New Mexico 87501
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> BCO, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 669 Santa Fe, New Mexico 87501
If well produces oil or liquids, give location of tanks.	Unit: F Sec: 10 Twp: 23N Rge: 7W Is gas actually connected? No When Will be by 11-19-76

If this production is commingled with that from any other lease or pool, give commingling order number: Will be when Bp @ 6200 re. moved

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest. <input type="checkbox"/> Diff. Rest. <input type="checkbox"/>		
Date Spudded 3-16-76	Date Compl. Ready to Prod. Gallup 9-28-76 Greenhorn-Dakota 5-8-76	Total Depth 6733	P.B.T.D. Open hole 6735
Pool Undesignated Lybrook	Name of Producing Formation Lybrook Gallup	Top Oil/Gas Pay 6485 5598	None 5940 BP set @ 6200
Perforations 6485-87; 6494-99; 6551-56; 6586-88; 6642-47; 6724-29 (Greenhorn-Dakota) 5598-5612; 5715-25; 5759-60; 5771-72; 5778-79; 5788-89; 5802-03; 5824-25; 5836-37 5853-54; 5873-74; 5896-97; 5913-14; TUBING, CASING, AND CEMENTING RECORD			Depth Casing Shoe 6732 Drilled Out
5930-31 HOLE SIZE (Gallup)	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8 24.70	142	100
7-7/8	4-1/2 11.60 K55	6730	3 Stage 1055

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL -- Lybrook Gallup

(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 9-28-76	Date of Test 10-13-76	Producing Method (Flow, pump, gas lift, etc.) Gas Lift
Length of Test 24 Hours	Tubing Pressure Various	Casing Pressure 665-500
Actual Prod. During Test 10-13-76	Oil-Bbls. 15	Water-Bbls. 0
		Choke Size Open
		Gas-MCF 80

OCT 19 1976
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 7-26-76---269 MCF	Length of Test 24 Hours	Bbls. Condensate/MMCF 1	Gravity of Condensate 45
Testing Method (pitot, back pr.) Gas Lift	Tubing Pressure Various	Casing Pressure 735-640	Choke Size Open

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

APPROVED NOV 1 1976, 19

Original Signed by A. R. Kendrick

BY 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 deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

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

Fill out Sections I, II, III, and VI only for changes of ownership or number of transporter or other such change of condition.

Harry R. Bink

President

(Title)

10-18-76