

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

5 OCC Aztec 1 HLB 1 DS 1 SC  
NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

8 copies  
Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

Operator BCO, Inc.	
Address 135 Grant, Santa Fe, New Mexico 87501	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

Lease Name State H		Well No. 4	Pool Name, Including Formation Lybrook Gallup		Kind of Lease State, Federal or Fee State	Lease No. LG-3748
Location						
Unit Letter D, 970 Feet From The N Line and 910 Feet From The W						
Line of Section 2 Township 23N Range 7W, NMPM, Rio Arriba County						

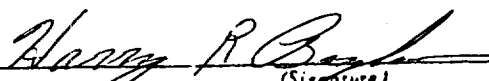
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
BCO, Inc.		135 Grant, Santa Fe, New Mexico 87501				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
BCO, Inc.		135 Grant, Santa Fe, New Mexico 87501				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 2	Twp. 23N	Rge. 7W	Is gas actually connected? Yes	When Approx. 12-1-80

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-31-80	Date Compl. Ready to Prod. Gallup 8-19-81	Total Depth 6505				P.B.T.D. 6426			
Elevations (DF, RKB, RT, GR, etc.) 6904 GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 5318				Tubing Depth 6280			
Perforations 5557, 5546, 5512, 5506, 5488, 5480, 5454, 5450, 5446, 5442, 5406, 5340, 5326, 5322, 5318						Depth Casing Shoe 6503			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8 23.0 #		294		200			
7 7/8		4 1/2 11.6 #		6503		1400			
4 1/2		2 3/8 4.7 #		6280					

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 8-19-81	Date of Test 8-28-81	Producing Method (Flow, pump, gas lift, etc.) Gas Lift	
Length of Test 24 hrs.	Tubing Pressure 510	Casing Pressure 740 to 610	Choke Size 3/4
Actual Prod. During Test 8-28-81	Oil - Bbls. 60	Water - Bbls. 3	Gas - MCF 180

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

I. 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.	
 Harry R. Bigbee, President (Title) 8-28-81 (Date)	
OIL CONSERVATION COMMISSION APPROVED AUG 31 1981 Original Signed by FRANK T. CHAVEZ 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. Separate Forms C-104 must be filed for each pool in multiply completed wells.	