

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-105  
Effective 1-1-65

DATE RECEIVED	
DATE RETURNED	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

BCO, INC.

Address  
135 Grant Avenue Santa Fe New Mexico 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 State H	Well No. 4	Pool Name, including Formation Basin Dakota	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				

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) 135 Grant Avenue, Santa Fe, N.M. 87501					
Name of Authorized Transporter of Casinghead Gas <input 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) 135 Grant Avenue, Santa Fe, N.M. 87501					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 2	Twp. 23N	Rge. 7W	Is gas actually connected? No	When Will be by 12-1-80

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.
		X	X					
Date Spudded 8-31-80	Date Compl. Ready to Prod. 11-16-80		Total Depth 6505		P.B.T.D. 6494			
Elevations (DF, RKB, RT, GR, etc.) 6904 GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 6272		Tubing Depth 6475			
Perforations 6272-6277 and 6449-6455 w/1SPF or 11 total shots					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		1460			
4 1/2	2 3/8	4.7#	6475		0			

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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL--Shut In. To be furnished at a later date

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 1450	Casing Pressure (Shut-in) 1910	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.

Harry R. B...  
(Signature)  
President  
(Title)  
11-19-80  
(Date)

OIL CONSERVATION COMMISSION

NOV 20 1980

APPROVED \_\_\_\_\_, 19

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, 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 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.