wg. 1,10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 000 Aztec		
DISTRIBUTION	NEW MEXICO DIL CO	HSI.RVATION COMMISSION	16tm C+104 Supersedes Old C-104 and C-110
SANTATE	REQUEST F	OR ALYOWABLE	Effective 1-1-65
FILE		YND]	un cas
U.S.G.S.	AUTHORIZATION TO TRAIS	12 BOK A OIL AND HATO	KAL GAS
LAND OFFICE			\mathcal{M}
OIL			\mathcal{I}
TRAMPORTER GAS			•
OPERATOR .			
PHORATION OF FICE			
Operator			
BCO, Inc.			
Address			•
	inta Fe, New Mexico 8750	1	
Reason(s) for filing (Check proper box)		Other Mense expla	and change in pool classifica-
,	Change in Transporter of:	Plug back a	and change in poor orderignated
New Well	Cil Diy Gas	_ tion from	Basin Dakota to Undesignated
Recompletion	Castrighead Gas Condens	Graneros es	fective 7-1-81
Change in Ownership	Cashidines are		
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind	of Lease No.
Lease Name	"ell ito. I see a see	l State	Federal or Fee State LG 3748
State H	4 Undesignated G	raneros	0000
Location		010	W
Unit Letter D : 970	Feet From The N Line	and 910 Fe	et From The W
Unit Letter			Di- Amriba County
Line of Section 2 Tow	nship 23N Range 7W	, NMPM,	Rio Arriba County
Line of Section 2			
DECICE ATTION OF TRANSPORT	ER OF OIL AND NATURAL GAS	<u>S</u>	ch approved copy of this form is to be sent)
Name of Authorized Transporter of Oil	or Condensate		
BCO, Inc.		135 Grant,	Santa Fe, New Mexico 87501
Name of Authorized Transporter of Cas	Inahead Gas X or Dry Gas	Address (Give address to whi	ch approved copy of this form is to be sent)
		135 Grant,	Santa Fe, New Mexico 87501
BCO, Inc.	Unit Sec. Twp. P.ge.	Is gas actually connected?	When
If well produces oil or liquids,	0.00	yes	Approx. 12-1-80
give location of tanks.			Approved
If this production is commingled wit	h that from any other lease or pool,	give commingling order num	Case # 7279 Order R-6719
. COMPLETION DATA	Oil Well Gas Well		epen Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion	On wen		X
Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	l .	6505	6426
8-31-80	11-16-80	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	1	6280
6904 GR	Undesignated Graneros	6272	Depth Casing Shoe
Perforations	,		6503
6272-6277 with 1	SPF		0303
02/2 02//	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
	8 5/8 23.0 #	294	200
12 1/4	4 1/2 11.6 #	6503	1460
7 7/8	2 3/8 4.7 #	6280	
4 1/2			
Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-			
. TEST DATA AND REQUEST F	oR ALLOWABLE (1231 must be a able for this di	enth of be for full 24 hours?	
OH WELL	Date of Test	Producing Method (Flow, pu	np, gas lift, etc.)
Date First New Oil Run To Tanks		Gas Lift	
10-31-80	7-12-81 Tubing Pressure	Cosing Pressure	Choke Size
Length of Test		1120 to 625	3/4 Gua-MCF
24 hrs.	985 to 545	Water - Bble.	Gas-MCF
Actual Prod. During Test	Oll-Bbis.	0	15
7-12-81	15	1	
GAS WELL		Bas. Condensate/MMCF	Gravity of Condensate
Actual Prod. Teet-MCF/D	Length of Test		
	Wrop.	At Company (Shut-In	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Charles bissame (Buncaya	,
	AUG	C Faeling Pressure (Shut-in	
I. CERTIFICATE OF COMPLIAN		OIL CO	12EKAN LION COMMISSION
I. CERTIFICATE OF COMPERA	102 S	៕ /	AUG 7 1981
	conservation	APPROVED	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Original Signed	by FRANK T. CHAVEZ
Commission have been complied with and that the line in the less of my knowledge and belief, above is true and complete to the best of my knowledge and belief.		BY	SUPERVISOR DISTRICT # 3
		TITLE	The state of the s
This form is to be filed in compliance with RULE 1104.			
II			
(Signorus)			
y D. Righee President			
(Title) sble on new and recompleted the for changes of owner			
(Title) 8-6-81 Fill out only Sections I. II. III. and VI for changes of condition well name or number, or transporter, or other such change of condition well name or number.			
	Dute)	If is a mag or number, o	:-104 must be filed for each pool in multipl
-		Separate Forms C	SATURAL DE STREET DE LES PORTES DE LE CONTRACTOR DE LA CO
		44 A Free Principles Construction	