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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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-110
Effective 1-1-65

I. Operator
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 Dunn	Well No. 3	Pool Name, including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee	Lease No. SF-078272
Location Unit Letter I ; 1750 Feet From The S Line and 790 Feet From The E Line of Section 3 Township 23N Range 7W , 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 type="checkbox"/> BCO, INC.	Address (Give address to which approved copy of this form is to be sent) 135 Grant Avenue Santa Fe, New Mexico 87501					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> BCO, INC. N. Lybrook	Address (Give address to which approved copy of this form is to be sent) 135 Grant Avenue Santa Fe, New Mexico 87501					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 3	Twp. 23N	Rge. 7W	Is gas actually connected? No	When Will be 11-1-80

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

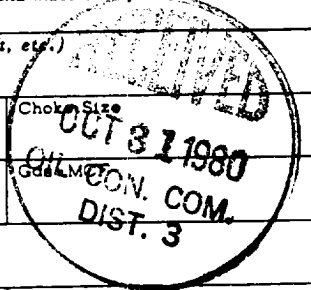
IV. COMPLETION DATA

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 8-17-80	Date Compl. Ready to Prod. 10-25-80		Total Depth 6530		P.B.T.D. 6521			
Elevations (DF, RKB, RT, GR, etc.) 6960 GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 6309		Tubing Depth 6510			
Perforations 6490-6484, 6314-6309 1SPF 11 shots					Depth Casing Shoe 6528			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 23.0#		265		170			
7 7/8	4 1/2 11.6#		6528		1575 sacks 3 stages			

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 10-19-80	Date of Test 10-25-80	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL 8 Hour test results 750 MCF 10 BOPD

Actual Prod. Test-MCF/D 2250	Length of Test 8 Hours	Bbls. Condensate/MMCF 30 Per Day	Gravity of Condensate 42
Testing Method (pitot, back pr.) 3/4 choke	Tubing Pressure (Shut-in) 950	Casing Pressure (Shut-in) Packer	Choke Size 3/4

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)
10/30/80
(Date)

OIL CONSERVATION COMMISSION
APPROVED NOV 4 1980, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 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.