

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3029/W

RECEIVED
Form C-104
Revised 10-20-75
Format 06-1-83
Page 1
SEP 24 1987
OIL CON. DIV.
DIST. 3

I.

Operator: BCO, Inc.

Address: 135 Grant, Santa Fe, N.M. 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 State H	Well No. 6	Pool Name, including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee	Lease No. LG3748
Location				
Unit Letter I, 2300 Feet From The South Line and 950 Feet From The East				
Line of Section 2, 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"/>	Address (Give address to which approved copy of this form is to be sent)
BCO, Inc.	135 Grant, Santa Fe, N.M. 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, N.M. 87501
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge.
	0, 2, 23N, 7W
Is gas actually connected?	When
No. Will connect when well stops making nitro	

If this production is commingled with that from any other lease or pool, give commingling order number: R-6929.

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Elizabeth B. Keeshan
(Signature)
Vice President
September 22, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 18 1987

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.

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 7/14/87	Date Compl. Ready to Prod. 9/18/87		Total Depth 6370			P.B.T.D. 6291			
Elevations (DF, RKB, RT, GR, etc.) 6850 GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 5276			Tubing Depth 6254			
Perforations 5364, 5448; 5465; 5276; 5281; 5286; 5395; 5400; 5410						Depth Casing Shoe 6366			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" · 23#	218'	155 Class B
7-7/8"	4-1/2" · 11.6#	6367'	1985 Class H
4-1/2"	2-3/8"	6254'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	9/18/87	Date of Test	9/22/87	Producing Method (Flow, pump, gas lift, etc.)	Flowing
Length of Test	24 hours	Tubing Pressure	170	Casing Pressure	625
Actual Prod. During Test	24 hours	Oil - Bbls.	82 80	Water - Bbls.	4--recovered frac water
				Gas - MCF	595

GAS WELL

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