

3/198/12

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTForm C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 23 1987

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 3

NO. OF COPIES ORDERED	
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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROBATION OFFICE	

I.

Operator	
BCO, INC.	
Address	
135 Grant, Santa Fe, New Mexico 87501	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	
<input type="checkbox"/> Reconpletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State J	1	Lybrook Gallup	State, Federal or Fee	V-2258
Location				
Unit Letter A : 540 Feet From The North Line and 820 Feet From The East				
Line of Section 16 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, 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 Sec. Twp. Rge.
	A 10 23N 7W
Is gas actually connected?	When
No.	Will sell gas when well quits making nitrogen

Off lease storage request
If this production is commingled with that from any other lease or pool, give commingling order number: DHC-672

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

(Title)

10/21/87

(Date)

OIL CONSERVATION DIVISION

APPROVED

OCT 13 1987

BY

Original Signed by FRANK I. 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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 8/3/87	Date Compl. Ready to Prod. 10/16/87	Total Depth 6611		P.B.T.D. 6534					
Elevations (DF, RKB, RT, GR, etc.) 7210-GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 5326		Tubing Depth 6465					
Perforations One .39" shot at 5326, 5470, 5476, 5482, 5582, 5586, 5608, 5634, 5650, / 5676 and 5706						Depth Casing Shoe 6608			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8		220		155				
7-7/8	4-1/2		6609		1677				
4-1/2	2-3/8		6465						

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 10/13/87	Date of Test 10/21/87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours.	Tubing Pressure 410	Casing Pressure 665	Choke Size 24/64
Actual Prod. During Test 24 hours	Oil - Bbls. 15	Water - Bbls. 17-recovered frac	Gas - MCF 465

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

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ENERGY AND MINERALS DEPARTMENT

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OIL CON. DIV.
DIST. 3REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State J.	Well No. 1	Pool Name, Including Formation Undesignated Graneros	Kind of Lease State, Federal or Fee	Lease No. V-2258
Location Unit Letter A : 540 Feet From The North Line and 820 Feet From The East Line of Section 16 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, 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 Sec. Twp. Rgs. Is gas actually connected? When
	A 10 23N 7W No. Will sell gas when well quits making/ nitrogen

Off lease storage request
If this production is commingled with that from any other lease or pool, give commingling order number: DHC-672

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. Keesha
(Signature)

Vice President

October 21, 1987 (Date)

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT 3

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Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/3/87	Date Compl. Ready to Prod. 10/16/87	Total Depth 6611				P.B.T.D. 6534		
Locations (DF, RKB, RT, GR, etc.) 7210 GR	Name of Producing Formation Graneros		Top Oil/Gas Pay 6454		Tubing Depth 6465			
Vibrations One .39" shot at 6454, 6458, 6462, 6466, 6470, 6482, 6486					Depth Casing Shoe 6608			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	220	155
7-7/8	4-1/2	6609	1677
4-1/2	2-3/8	6465	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed 100 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10/13/87	Date of Test 10/21/87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 410	Casing Pressure 665	Choke Size 24/64
Actual Prod. During Test 24 hours	Oil - Bbls. 7	Water - Bbls. 5 - recovered frac	Gas - MCF 217

GAS WELL

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