STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

DISTRIBUTIO			
FILE	FILE		
U.S.O.B.			
LAMO OFFICE			
TRANSPORTER GAS			
OPERATOR			
PROBATION OFF			

Vice President

10/21/87

(Tule)

(Daie)

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83

REQUEST FOR ALLOWABLE

OCT 2 3 1987

	AΓ	מא		
PROBATION OFFICE	AUTHORIZATION TO TRANSP	_	RAL CON DIV) ·
I				<u>.</u>
Coverance			DIST. 3	
BCO, INC.				w.
Address				
135 Grant, Santa Fe, N	New Mexico 87501			
Reason(s) for filing (Check proper box)		Other (Pleas	e explain)	
X Nee Well .	Change in Transporter of:			
Recompletion	Oii Dn	y Gas		
Change in Ownership	Casinghed Gais Co	ndens tite	_	
If change of ownership give name			-	
		•		
II. DESCRIPTION OF WELL AND	I Well No. [Pool Name, Including Fo	rmation	Kind of Lease	Leas No.
Lease Name				_
State J ·	1 . Lybrook Gall	Lup -	Store, Federal or Fee State	V-2258
Location		<u>.</u>		
Unit Letter A · : 54() · Feet From The North · Line	end 820 ·	Feet From The East	
Line of Section 16 Towns	ship 23N · Romos 7W	. , NMPL	· Rio Arriba	County
LINE BY SECTION 10		· · · · · · · · · · · · · · · · · · ·	NIU AIIIUA	
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL	GAS	•	
Name of Authorized Transporter of OU	X or Condensate	Accress (Give address	to which approved copy of this for	n La LO DE SERLJ
BCO, INC.		135 Grant, San	ta Fe, New Mexico 875	01 -
Name of Authorized Transponer of Casin	gnead Cas X ar Dry Gas		to which approved copy of this for	
1		1 .		
BCO, INC.	Juil Sec. Twp. Rgs.	lis gas actually connect	ta Fe, New Mexico 875	
If well produces all or liquids, give location of tanks.	A 10 23N 7W	No. Will sel	l gas when well quits	making
Off lease storage request this production is commingled with	that from any other lease or pool.	give commingling orde	r number: DHC-672	
NOTE: Complete Parts IV and V				
VI. CERTIFICATE OF COMPLIAN	CE	OIL C	ONSERVATION DIVISION	່ _{. ຄ 400} 7
		48886458	nct	9.1201
I hereby certify that the rules and regulation been compiled with and that the information	given is true and complete to the best of	APPROVED	UU	<u></u> , 18
my knowledge and belief.	bereit and tomperate to the boat of	BY	Original Stated by FRAME	T. CHAVEZ

	.,	.,	•		
TITLE	:	UPERVISOR	DISTRICT	93	
This form is to be file	. A 1-	complies	with		1104

If this is a request for allowable for a newly drilled or despened 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 walls.

Fill out only Sections L. E. 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	on - (X) Oil well	Gas Well	New Well	Workover	Deepen I	Plug Back	Same Res*v.	DIL R	-='Y.
Date Spudded	Done Compl. Ready to I	Prod.	Total Dept	<u> </u>	<u> </u>	P.B.T.D.			
8/3/87	10/16/87			6611			6534		
Eisyettons (DF. RKB. RT. GR. etc.,	Name of Producing For	mation	Top OU/Go	≖ Puy		Tubing Dep			
7210-GR	Gallup			5326			6465		
One .39" shot at 5326,	5470, 5476, 548	2, 5582, 5	5586, 560	5676 08, 5634,	and 5706 5650,/	Depth Contu	6608		
	TUBING.	CASING, AND	CEMENTI	NG RECORE					
HOLE SIZE	CASING & TUB	ING SIZE		DEPTH SE	7	51	CXS CEMEN	(T ·	
12-1/4	8-5/8			220		İ	155		
7-7/8	4-1/2		1 6	609			1677		
4-1/2	2-3/8		1 6	465			·]
			1	•		<u> </u>			
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE	Test must be a able for this de	feer recovery	of socal volum full 24 hours)	e of load oil a	ind must be e	qual to or exc	ed lap a	illeu-
Date First New Cil Run To Tenks	Date of Test	··· - · · · · · · · · · · · · · · · · ·	Producing I	dethod (Fiore,	pump, gas lift	., esc./			
10/13/87	10/21/87		Flov	ving					
Length of Test 24 hours.	Tubing Pressure 4	10	Coaing Pre	665		Choks Size	24/64		
Actual Prod. During Test	OU-BHS.	-	Water - Bbis	•	-	Gas-MCF			
24 hours	1.	5 ·	17-rec	overed f	rac	<u>].</u> ,	465		
GAS WELL		•							
Actual Prod. Test-MCF/D	Length of Test	•	Bhis. Com	ensers/MMCF		Curarity of C	onceneere		
			<u> </u>	•		<u> </u>			
Testing Method (publ. back pr.)	Tubing Pressure (Shat	-im }	Coxing Pre	aswa (Sbet-	is)	Choke Size			

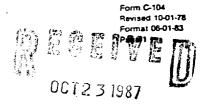
(Date)

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTIO	DISTRIBUTION		
SANTA FE	П		
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PROBATION OF			

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



Fill out only Sections L. 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

REQUEST FOR ALLOWABLE

OPERATOR	A	MD	VILLUM.	7674
PROBATION OFFICE AUTHOR		PORT OIL AND NATU		2 1 W 6
I			RAL GAS DIST. 3	
Operation				
BCO, INC.	<u>:</u>			
Address				
135 Grant, Santa Fe, New Mexic	o 87501 •			
Reason(s) for filing (Check proper bax)		Other (Please	explain)	
New Well Change i	n Transporter of:			
Recompletion	P	ry Gas		
Change in Ownership . Casi	nghead Gas C	andensate		
If change of ownership give name / and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No.	Pool Name, including F		Kind of Lease	Legse No.
State I' 1:	Undesignated	Graneros	State, Federal or Fee Stat	e V-2258
Location				
Unit Letter A:: 540 Feet Fro	om The North · Lin	820 ·	Feet From The East	
Line of Section 16 Township 23	N . Range	7W , NMPM	, Rio Arriba ·	County
BCO. INC. Name of Authorized Transporter of Casinghead Gas Casing BCO. INC. If well produces oil or liquids, Unit , Section of tanks.	S or Dry Gas	Address (Give address 135 Grant, San Address (Give address 135 Grant, San le gas actually connects No. Will sel	to which approved copy of this fata Fe. New Mexico 8 to which approved copy of this fata Fe. New Mexico 8 when well qui	37501 · Form is to be sent) 37501 · nitrogen
Off lease storage request. If this production is commingled with that from an		give commingling order	number: DHC-672	
NOTE: Complete Parts IV and V on reverse : VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Completed with and that the information given is true a my knowledge and belief.	onservation Division have	OIL C	ONSERVATION DIVISION OF TRAIN	431987
·		TITLE	SUPERVISOR I	
Elizabeth B. Keeshs Vice President	<u> </u>	If this is a requ well, this form must tests taken on the	be filed in compliance with seat for allowable for a newi be accompanied by a tabul- well in accordance with AU	y drilled or deepened ation of the deviation LE 111.
October 21, 1987 (Tule)		All sections of able on new and rec	this form must be filled out completed wells.	completely for allow-

	Oil Well Gas Wel	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'	
Designate Type of Complet	ion – (X) X			
one Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
8/3/87 ·	10/16/87	6611	6534	
votions (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
7210 GR	Graneros	6454	6465	
Storutions			Depth Caxing Shoe	
One .39" shot at 6454	. 6458, 6462, 6466, 647	0.6482.6486	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 •		
		· <u> </u>	_ <u>.i</u>	
TEST DATA AND REQUES	T FOR ALLOWABLE (Test must in able for this	e after recovery of total volume of load o a depth or be for full 24 hours)		
— 10/13/87	Date of Test 10/21/87 *	Producing Method (Flow, pump, gas Flowing	lift, etc.)	
ngth of Test	Tubing Pressure	Cosing Pressure	Choke Size	
24 hours	410	665	24/64	
itual Prod. During Test	Oli-Bhis.	Woter-Bhis.	Gas-MCF	
24 hours	· 7 •	5 - recovered frac	217	
		7 1000.0100 1100		
c west		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
S WELL	Length of Test	Bhis. Condensers/MMCF	Gravity of Condensate	

IV. COMPLETION DATA