

3143/12

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROBATION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-01-78  
Format 08-01-83
**RECEIVED**  
 AUG 01 1988  
 OIL CON. DIV.  
 DIST. 3
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator BCO, Inc.

Address 135 Grant Avenue, Santa Fe, NM 87501

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Dunn</u>	Well No. <u>13</u>	Pool Name, including Formation <u>Lybrook Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal SP</u>	Lease No. <u>078272</u>
Location				
Unit Letter <u>A</u> : <u>900</u> Feet From The <u>North</u> Line and <u>960</u> Feet From The <u>East</u>				
Line of Section <u>4</u> Township <u>23 North</u> Range <u>7 West</u> , NMPM, <u>Rio Arriba</u> 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)	
<u>BCO, Inc.</u>	<u>135 Grant, Santa Fe, NM 87501</u>	
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)	
<u>BCO, Inc.</u>	<u>135 Grant, Santa Fe, NM 87501</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>4</u>
	Twp. <u>23N</u>	Rge. <u>7W</u>
Is gas actually connected?		When

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

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)  
7/29/88  
(Date)

## OIL CONSERVATION DIVISION

AUG 01 1988

APPROVED

BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT #

TITLE

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 allow-  
able 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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded 6/23/88	Date Compl. Ready to Prod. 7/27/88		Total Depth 6593		P.B.T.D. 5704				
Elevations (DF, RKB, RT, GR, etc.) 7029 GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 5348		Tubing Depth 5639				
Perforations One 0.39" select fire shot at 5348, 5468, 5472, 5478, 5482, 5494, 5498, 5596, 5600, 5604, 5608, 5643.						Depth Casing Shoe 6589			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
<b>MOLE SIZE</b>	<b>CASING &amp; TUBING SIZE</b>		<b>DEPTH SET</b>		<b>SACKS CEMENT</b>				
12 1/4	8 5/8		227		155				
7 7/8	4 1/2		6590		1475				
4 1/2	2 3/8		5639						

#### 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 7/26/88	Date of Test 7/27/88	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 155	Casing Pressure 375	Choke Size Open
Actual Prod. During Test 125	Oil - Bbls. 100	Water - Bbls. 25 (frac water)	Gas - MCF 1000

#### 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