

Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator BCO, Inc.		Well API No. 30-039-24359
Address 135 Grant, Santa Fe, NM 87501		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

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OIL CON. DIV  
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name State J	Well No. 2	Pool Name, Including Formation Lybrook Gallup	Kind of Lease (State, Federal or Fee)	Lease No. V-2258
Location Unit Letter J : 1805 Feet From The South Line and 1730 Feet From The East Line 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"/> BCO, Inc.	Address (Give address to which approved copy of this form is to be sent) 135 Grant, Santa Fe, NM 87501					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> BCO, Inc.	Address (Give address to which approved copy of this form is to be sent) 135 Grant, Santa Fe, NM 87501					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 16	Twp. 23N	Rge. 7W	Is gas actually connected? No	When? As soon as nitrogen cleaned up.

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/21/89	Date Compl. Ready to Prod. 6/27/89		Total Depth 5800'		P.B.T.D. 5760'			
Elevations (DF, RKB, RT, GR, etc.) 7315'	Name of Producing Formation Gallup		Top Oil/Gas Pay 5541'		Tubing Depth 5716'			
Perforations One 3 1/8" 0.39" select fire shot: 5541; 5545; 5548; 5654; 5656; 5658; 5669; 5720; 5746					Depth Casing Shoe 5797'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		219'		155			
7 7/8"	4 1/2"		5792'		1350			
4 1/2"	2 3/8"		5716'					

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 Tank 6/28/89	Date of Test 7/2/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 275	Casing Pressure 550	Choke Size 18/64
Actual Prod. During Test	Oil - Bbls. 36	Water - Bbls. 9 - recovered frac water	Gas - MCF 288
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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature  
Elizabeth B. Keeshan  
Printed Name  
Elizabeth B. Keeshan  
Date  
7/3/89  
Vice-President  
505 983-1228  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 14 1989  
By Original Signed by FRANK T. CHAVEZ  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.