Submit 5 Copies
Appropriate District Office
DISTRICT | DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. BCO, Inc. . 30-039-24359 · Address 135 Grant, Santa Fe, NM 87501 Reason(s) for Filing (Check proper box) X . Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Oil Change in location of Tank Battery . Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. State J · Lybrook Gallup ' 2 . State, Frederick Fee V-2258 • Location 1805 · Feet From The south Line and 1730 · Unit Letter ___ J -__ Feet From The ___east . 16 Township 23N · Range 7W , NMPM, Rio Arriba · County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS XX or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Giant Refining P. O. Box 256, Farmington, NM 87499 Name of Authorized Transporter of Casinghead Gas XX - or Dry Gas Address (Give address to which approved copy of this form is to be sent) BCO, Inc. 135 Grant, Santa Fe, NM 87501 If well produces oil or liquids, Unit Sec. Twp. When ? Rge. is gas actually connected? give location of tanks. 16. 23N Yes 7W. July 17, 1989 • If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well New Well | Workover Gas Well Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Denth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE CASING & TUBING SIZE DEPTH SET** SACKS CEMENT . 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 depart or the for full to hours.)

Run To Tank

Date of Test

Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date First New Oil Run To Tank Length of Test **Tubing Pressure** Casing Pressure AUG1 31993 Actual Prod. During Test Oil - Bbls. Water - Bbls. L CO \ DIS∵ º **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved ____ AUG 1 3 1993 Elizabeth Keesh Original Signed by FRANK T. CHAVEZ Signature) Elizabeth B. By ____ President Printed Name Title Title_ SUPERVISOR DISTRICT # 3 8/12/93

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

Date

- 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.

<u>983-1228</u>

Telephone No.

- 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.