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Appropriate District Office
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

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

OIL CONSERVATION DIVISION

5,0°7,3 | K

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

A.		10 15	MINOP	UHIC	IL AND	NATURA	AL GA						
Operator BCO, Inc.									II API No.				
Address									30-039-70057-89				
135 Grant, Santa	a Fe, NM 8	37501											
Reason(s) for Filing (Check proper	bax)			•		Other (Plea	ue explain	1)					
New Well X		Change	in Transpo		1								
Recompletion	Oil	L	_ Dry Ga	_									
Change in Operator I change of operator give name	Casingh	ead Gas	Conden	sate		·····							
nd address of previous operator _	· · · · · · · · · · · · · · · · · · ·								· · · · ·				
L DESCRIPTION OF WI	ELL AND LE	EASE											
Lease Name Well No. Pool				lame, Including Formation				Kind	Kind of Lease Indian Lease No.				
Betty B		2 Lybrook			Gallup				State, Federal Confee: 14206033177				
Location E		1050			TANT		700						
Unit Letter	:	1850	_ Feet Fro	on The _	FNL	Line and	790	I	Feet From The _	FWL	Lin		
Section 15 Tor	wnship 23	N	Range	7 W	÷	ATI COM C	r.	Lo Arı	ciha		_		
30000 - 100	жимпр — — — — — — — — — — — — — — — — — — —		Kange			, NMPM,	1.0	111			County		
I. DESIGNATION OF T	RANSPORTI	ER OF C	IL AND) NATI	JRAL GA	S							
ame of Authorized Transporter of (Dil 🗓	or Conde	nszie [Address (Give addres	s to which	арргоче	d copy of this fo	rm is to be	seni)		
Giant Refining									nington,				
lame of Authorized Transporter of C BCO, Inc.	Catinghead Gas	\square	or Dry Gas		Address (Give address to which a) 135 Grant, Santa			approve	approved copy of this form is to be sent)				
well produces oil or liquids,	Unit	Sec.	Two	Rge		ally connect			AS SOOT	ı as nı	trogen		
e location of tanks.	Ē	15	Twp. 23N	7W	12 822	No	CCQ.7	Wiles	cleans		22.08011		
his production is commingled with	that from any oti	her lease or	pool, give	comming	ling order m	ımber:							
. COMPLETION DATA		·					· · · · · · · · · · · · · · · · · · ·						
Designate Type of Complete	ion - (X)	Oil Well	∫ Ga	s Well	New We	II Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v		
ale Spudded			Prod		XX Total Dept	<u>. </u>			 				
6/6/89 -	1	Date Compl. Ready to Prod. 7/13/89				5850'				P.B.T.D. 5833 '			
evations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
7280 GR	GR Gallup				5552				5736				
rforations						5732, 5			Depth Casing	Shoe			
One 3 1/8" 0.3				5667 ,	5665,	5558, 5	555, 5	5552	58	47			
HOLE SIZE	<u>T</u>	TUBING, CASING ANI							, 	••			
124"		8 5/8"			DEPTH SET				SACKS CEMENT				
7 7/8"		41211			5847				1350				
4½"	2	2 3/8"			573613				1000				
TECT DATA AND DECL	ECT FOR A	I ou					JUL	5 J 14	ij				
TEST DATA AND REQU L WELL (Test must be afte	ESIFUK A	LLUWA	REF				IL CC	M.	DIV				
te First New Oil Run To Tank	Date of Test		y waa ou e	ana musi	Producing A	Nethod (Flor	allowabl	e for this	depittor be for	full 24 hou	ers.)		
7/1//00	2201101	7/20/89				ing	v, punp, z	ic.j					
th of Test 24 hours Tubing Pressure					Casing Pressure 505				Choke Size		····		
									16/64				
ual Prod. During Test 45	Oil - Bbis.	Dil - Bbis. 45				Water - Bbls.			Gas- MCF				
		43				none			18	30			
AS WELL al Prod. Test - MCF/D		·											
INI PTOD. 168 - MCF/D	Length of To	est			Bbls. Conde	nsie/MMC	F		Gravity of Con	densate	·		
ng Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
									Cloke Size				
OPERATOR CERTIFI	CATE OF (COMPI	IANCI	-					·				
hereby certify that the rules and reg	ulations of the O	il Conserva	tion	·	•	OIL CC	DNSE	RVA	TION DI	VISIO	N		
Division have been complied with and that the information given above a true and complete to the best of my knowledge and belief.					Date Approved JUL 2 5 1989								
more and combiers to me sear of mi	y knowledge and	belief.			Date	Approv	ved	J	UL Z D	1909			
Elicabeth B Manda													
ignature 10, ROS hau					ByOriginal Signed by FRANK T. CHAVEZ								
Elizabeth B. Kees		Vice-P		nt	,			SHDEDA	SOO DISTRICT				
7/24/89		505 98 ³	itle 3-1228		Title			SUPERV)	SOR DISTRICT	. 7			
ale			one No.	 ∥							······································		
				11									

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 all