

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator BCO, Inc.	Well API No. 30-039-2493
Address 135 Grant, Santa Fe, NM 87501	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State J	Well No. 4	Pool Name, Including Formation Lybrook Gallup	Kind of Lease State, Federal or Private	Lease No. V-2258
Location Unit Letter K : 1940' Feet From The south Line and 2070 Feet From The west 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"/> Giant Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499	
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? Yes	When? 6/18/90

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

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 3/10/90	Date Compl. Ready to Prod. 6/13/90	Total Depth 5750'		P.B.T.D. 5694				
Elevations (DF, RKB, RT, GR, etc.) 7225 GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 5452		Tubing Depth 5654				
Perforations One 3 1/8" 0.39" select fire shot at 5452, 5558, 5562. One 3 1/8" 0.32" select fire shot at 5572, 5578, 5651, 5674.		Depth Casing Shoe 5747						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 230		SACKS CEMENT 155			
7 7/8"	4 1/2"		5747		1175			
4 1/2"	2 3/8"		5654					

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 6/13/90	Date of Test 6/17/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 310	Casing Pressure 465	Choke Size 19/64
Actual Prod. During Test 25	Oil - Bbls. 20	Water - Bbls. 5	Recovered frac water 300

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate MCF	Gravity of Condensate
Testing Method (prior, 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
6/18/90
Date
Vice-President
505 983-1228
Telephone No.

OIL CON. DIV.
OIL CONSERVATION DIVISION

Date Approved JUN 22 1990

By [Signature]
SUPERVISOR DISTRICT #3
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.