Submit 5 Copies
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 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

3033N

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		10 1H/	ANSP	OH I OI	L AND NA	TURAL G					
Operator BCO, INC.						Well API No. 30 039 24993					
Address 135 GRANT, SANTA F	E, NM	87501	•			717		039 24993)		
Reason(s) for Filing (Check proper box)					Oth	ner (Please expl	lain)				
New Well		Change in	n Transp	orter of:			•				
Recompletion	Oil		Dry G	L1							
Change in Operator	Casinghe	ad Gas] Conde	nsale 🗌							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE		_							
Lease Name Dunn	Well No. 3-Y Pool Name, Included Undersig				ing Formation naed Gra	neros		Kind of Lease Astele, Federal or Reg		Lease No. SF-078272	
Location		2200			C . l.	70/	3	т	7.0.4		
Unit Letter	Feet From The			South Line and			Feet From The Line				
Section 3 Township	23	N	Range	7W	, N	MPM,	R	io Arriba		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil Grant or Condensate						RAL GAS 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.	i , ,		1		135 GR		NTA FE,				
If well produces oil or liquids, give location of tanks.	Unit ⊤·	Sec. 3	Twp. 23N	Rge. 7W	is gas actually	=	When	<i>1</i> As soo rogen clea		ut.	
If this production is commingled with that f	rom any oth				J			copy attac		30.	
IV. COMPLETION DATA					1					- ,	
Designate Type of Completion -	· (X)	Oil Well	•	Jas Well	New Well	Workover 	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to			Total Depth	L	L	P.B.T.D.			
1/2/91	5/15/91				6486			6482			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
GL 6978 Graneros					6300			6377			
Perforations					, 6304, 6307, 6309,			Depth Casing Shoe			
6338, 6340, 6392, 6396, 6400, 6475.25 abandone					d after t	testing		6483			
HOLE SIZE					CEMENTIN		D	1			
12 1/4"	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
7 7/8"	8 5/8 24# 4 1/2 11.6#				360			350			
4"		2 3/8 4.7#			6377			2073			
									·····		
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re			of load o	oil and must					ull 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Te				_	thod (Flow, pu	mp, gas lift, e	tc.)			
5/15/91	6/11/91				Swab to flow			Choke Size			
Length of Test	Tubing Pressure 450			Casing Pressure			30/64				
24 hours Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
12	9				3			18			
GAS WELL					1			- 			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			DECEINED			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			JUN1 8 1991			
VI. OPERATOR CERTIFICA				CE		NI OON				<u>:</u>	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION OIST.						
is true and complete to the best of my knowledge and belief.					Date Approved JUN 13 1991						
Signature B. Keeshen					Original Signed by CHARLES GHOLSON By						
ELIZABETH B. KEESHAN PRESIDENT Printed Name Title							W a a				
Date 12/9 505-983-1228 Telephone No.					Title.	DEPUTY 0	il & GAS. In	ISPECTOR, DIST	. #1		
· · ·		Tele	phone N	0.							

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