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Appropriate District Office
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 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

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DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			·		iexico 675			30	y37/10		
1					BLE AND	_					
Operator		TO THA	ANSPL	JRT OII	L AND NA	TURAL		API No.		· · · · · · · · · · · · · · · · · · ·	
BCO, INC	BCO, INC					30 039 24993					
Address 135 GRANT, SA	ANTA FE	, NM 8	37501	•			Sh.	த் <b>இ இ</b> ர	MP		
Reason(s) for Filing (Check proper box)					Oth	er (Please ex	plain)		IFE		
New Well		Change in					na na		U	ע	
Recompletion	Oil Casingher	-4 Co. [	Dry Gas	-				JUN1 8	1991		
If change of operator give name	Canagas	-u (-as	Conocin	<u> </u>	· · · · · · · · · · · · · · · · · · ·		O	L CON	DIV		
and address of previous operator			•.				<u> </u>	DIST.			
II. DESCRIPTION OF WELL	AND LE	<del>,</del>	, <del></del>				·				
Lease Name Dunn	Well No.   Pool Name, Includ 3-Y   Lybrook Ga			-6			of Lease Lease No. Federal or Fee: SF-078272				
Location	22	00			7	-	700		Fact		
Unit Letter	_ :	80	Feet Fro	m The	South Line	e and	780 F	eet From The .	East	Line	
Section 3 Township	p 23	N	Range	7W	, NI	мрм,	Rio	Arriba		County	
Ш. DESIGNATION OF TRAN	SPORTE	R OF O	IL AND	) NATU	RAL GAS						
Name of Authorized Transporter of Oil 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 Casing	Address (Give address to which approved copy of this form is to be sent)										
BCO, INC  If well produces oil or liquids,					······································			NM 8/501 ·			
rive location of tanks.	I	3	23N	7W	No	·			eans up.		
f this production is commingled with that f	rom any oth	er lease or	pool, give	commingl	ing order numb	er: R	R-6929 (c	opy atta	ched) ·		
V. COMPLETION DATA		100 100 11	1 2		1 51 397.11			1 Bu - D - I	le 5	him now	
Designate Type of Completion	- (X)	Oil Well		as Well	New Well	Workover	Deepen	i riug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to			Total Depth	l		P.B.T.D.		<u> </u>	
1/2/91						6486 . 6482					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
GL 6978 Gallup					5348 (This completion)			6377 Depth Casing Shoe			
One 0.32" shot at 534 5532, 5538	8, 5354	, 5360	, 5468	3, 547	1, 5478,	5481, 5	5516,		6483		
322-3-222	Т	UBING,	CASIN	G AND	CEMENTIN	NG RECO	RD				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12 1/4"	8 5		-	4# .	360			350			
7 7/8"	4 1/2 11.6# 2 3/8 4.7#				6483 .				2075		
4		5/0	4.7	7 17		0311					
. TEST DATA AND REQUES											
OL WELL (Test must be after re	+		of load oil	l and must	, <del></del>				or full 24 hour.	s.)	
Date First New Oil Run To Tank 6/5/91	Date of Tes		/01		_	•	pwnp, gas lift, i	sic./			
Length of Test	6/11/91 Tubing Pressure				Swab to flow Casing Pressure			Choke Size		- <del></del> -	
24 hours	450				900				30/64		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
36	26				10			<u> </u>	104		
GAS WELL					++						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	ATF OF	СОМР	LIANO	`F				<u> </u>			
I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					PDDP e r Mill						
is the and configure to the best of my knowledge and belief.					Date	Date ApprovedJUN 13 1991					
Elisabeth B. Kieshan					   By_	Original Signed by CHARLES GHOLSON					
Signature — ELIZABETH B. KEESHAN PRESIDENT ·							1 0 0AF 1810	מכרדתם תוכ	T 413	~	
Printed Name	E (	)5 <u>-</u> 983-	Title		Title.	DEPUTY O	L & GAS INS	FELIUK, MS	)1. <del>}}</del> ~		
Date			<u>1228</u> phone No.								

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 root in contrible complaint water