

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

3015W

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator BCO, INC.		Well API No. 30-039-25138
Address 135 GRANT, SANTA FE, NM 87501		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

RECEIVED
 MAY 28 1992
 OIL CON. DIV.
 DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name State J	Well No. 6	Pool Name, including Formation Lybrook Gallup	Kind of Lease State, Federal or Free	Lease No. V-2258
Location Unit Letter <u>P</u> : <u>900</u> Feet From The <u>south</u> Line and <u>400</u> Feet From The <u>east</u> Line Section <u>16</u> Township <u>23N</u> Range <u>7W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil GIANT REFINING	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 BCO, INC.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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
If this production is commingled with that from any other lease or pool, give commingling order number:	Is gas actually connected? NO	When? AS SOON AS ALL NITROGEN RECOVERED.

IV. COMPLETION DATA

Designate Type of Completion - (X) XX	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/01/92	Date Compl. Ready to Prod. 5/22/92	Total Depth 5850	P.B.T.D. 5797					
Elevations (DF, RKB, RT, GR, etc.) GL: 7295	Name of Producing Formation GALLUP	Top Oil/Gas Pay 5530	Tubing Depth 5730					
Perforations ONE 0.32" SELECT FIRE PERFORATION AT 5530; 5536; 5640; 5644; 5656; 5710; 5736 AND 5740			Depth Casing Shoe 7298					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	364	275					
7 7/8"	4 1/2"	5844	755.805					
4"	2 3/8"	5730						

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 5/22/92	Date of Test 5/27/92	Producing Method (Flow, pump, gas lift, etc.) GAS LIFT	
Length of Test 24 HOURS	Tubing Pressure 270	Casing Pressure 380	Choke Size 28/64
Actual Prod. During Test 28 BARRELS	Oil - Bbls. 22	Water - Bbls. 6 RECOVERED FRAC WATER	Gas- MCF 99

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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.

Elizabeth B. Keeshan
 Signature
 ELIZABETH B. KEESHAN
 Printed Name
 5/27/92
 Date
 PRESIDENT
 Title
 505-983-1228
 Telephone No.

OIL CONSERVATION DIVISION
 Date Approved MAY 22 1992
 By [Signature]
 Title SUPERVISOR DISTRICT #3

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.