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**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.K.

I. Operator
BCO, Inc.
Address
P.O. Box 669, Santa Fe, New Mexico 87501

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State H	Well No. 1	Pool Name, including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee State	Lease No. LG-3748
Location Unit Letter <u>0</u> ; <u>1980</u> Feet From The <u>E</u> Line and <u>660</u> Feet From The <u>S</u>				
Line of Section <u>2</u> Township <u>23N</u> Range <u>7W</u> , NMPM, 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"/> BCO, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 669, Santa Fe, New Mexico 87501					
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) P.O. Box 669, Santa Fe, New Mexico 87501					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 2	Twp. 23N	Pge. 7W	Is gas actually connected? yes	When 11-15-76

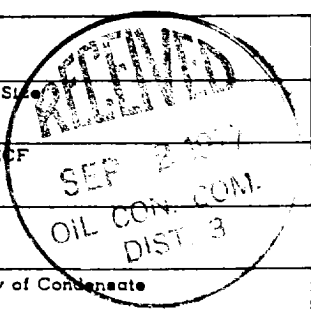
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-29-61	Date Compl. Ready to Prod. 11-11-61 & 5-7-77		Total Depth 5546		P.B.T.D. 5448			
Elevations (DF, RKB, RT, GR, etc.) 6903 Gr.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5295		Tubing Depth 5438			
Perforations 5418-26; 5430-38 W/ 4 SPF 5295-5320 W/ 2 SPF					Depth Casing Shoe 5532			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12"	8 5/8 24#		200		75			
7 7/8"	4 1/2 10.5#		5546 KB		200			
4 1/2"	2 3/8 4.7#		5438		None			

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 Tanks 11-21-61 & 5-7-77	Date of Test 11-21-61	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test see initial report	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Harry R. Byrd

(Signature)
President

(Title)
9-1-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by A. R. Kendrick

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.