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	GAS	
OPERATOR		2
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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

Note: Well was originally drilled by Texota Oil and plugged in January, 1958.

I.

Operator Bco, Inc.	
Address Box 669, Santa Fe, New Mexico 87501	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal A	Well No. 1	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. MM10087
Location				
Unit Letter E	1908	Feet From The North	Line and 701	Feet From The West
Line of Section 23	Township 23N	Range 7W	, NMPM, Sandoval 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) Box 669, Santa Fe, New Mexico 87501	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 23
	Twp. 23N	Rge. 7W
	Is gas actually connected? No	
	When	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-1-69	Date Compl. Ready to Prod. 11-2-69	Total Depth 5695		P.B.T.D. 5680					
Elevations (DF, RKB, RT, GR, etc.) 7154 GL, 7159 RKB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5382		Tubing Depth 5620					
Perforations 5382-92, 5492-5500, 5578-80, 5593-95 & 5613-15 w/2/ft.		Depth Casing Shoe 5680							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
Unknown	8-5/8		200		200 sx & 60 sx				
7-7/8	4-1/2		5680		115 sx Class C & 365 sx Posmix Class C w/2X Gel				

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 11-3-69	Date of Test 11-3-69	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 58 psig	Casing Pressure 600 psig	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 60	Water - Bbls. 2	Gas - MCF 180

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.

SIGNED BY
JOHN E. ARNOLD
(Signature)

Geologist

(Title)

November 14, 1969

(Date)

OIL CONSERVATION COMMISSION

NOV 19 1969

APPROVED _____, 19

BY **Original Signed by Emery C. Arnold**

SUPERVISOR DIST. #3

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.