

DISTRIBUTION			
SANTA FE		/	
FILE		/	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	/	
OPERATOR		/	
PRORATION OFFICE			

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

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

Operator
Bco, Inc.

Address
P.O. Box 669, Santa Fe, New Mexico 87501

Reason(s) for filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐
Casinghead Gas ☒
Dry Gas ☐
Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Federal A	Well No. 1	Pool Name, including Formation Lybrook Gallup	Kind of Lease Federal State, Federal or FNM10087
Location Unit Letter E ; 1908 Feet From The North Line and 701 Feet From The West Line of Section 23 , Township 23North Range 7 West , NMPM, Sandoval Co			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☒ or Dry Gas ☐ 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 E Sec. 23 Twp. 23N Rge. 7W	is gas actually connected? Yes When Approx. 12/15/77

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

COMPLETION DATA

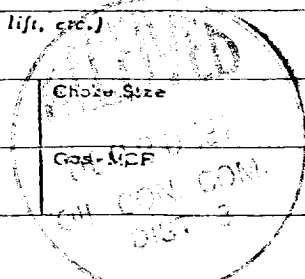
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Some Res'v. Diff.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of land oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	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 (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

Rita C. Darrell
(Signature)
Secretary
12/16/77
(Date)

OIL CONSERVATION COMMISSION DEC 20 1977	
APPROVED	19
Original Signed by A. R. Kendrick	
SY	
TITLE SUBMITTER	
This form is to be filed in compliance with RULE 1104	
If this is a request for allowable for a newly drilled or c	
well, this form must be accompanied by a tabulation of the c	
tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely f	
only on new and re-completed wells.	