

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator

Well API No.

BCO, Inc.

3004305051

Address

135 Grant, Santa Fe, NM 87501

Reason(s) for Filing (Check proper box)

New Well

Recompletion

Change in Operator

☐

☐

☐

Change in Transporter of:

☒ Oil

☐ Casinghead Gas

☒ Dry Gas

☐ Condensate

☐ Other (Please explain)

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, including Formation

Kind of Lease

Lease No.

Federal A

1

Lybrook Gallup

~~State~~, Federal ~~XXXX~~

NM-10087

Location

Unit Letter

E

: 1908 Feet From The north Line and 701 Feet From The west Line

Section 23 Township 23N Range 7W, NMPM, Sandoval County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate

Name of Authorized Transporter of Casinghead Gas or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

Giant Refining

BCO, Inc.

135 Grant, Santa Fe, NM 87501

well produces oil or liquids, ve location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When ?

E

23

23N

7W

Yes

December 1977

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

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v

Diff Res'v

ate Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

evations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

rforations

Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

L 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.)

le First New Oil Run To Tank

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

ngth of Test

Tubing Pressure

Casing Pressure

Choke Size

ual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas - MCF

AS WELL

ual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

ing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature

James P. Bennett

Office Manager

rinted Name

6/30/89

ate

983-1228

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

JUL 06 1989

Supervisor

SUPERVISION DISTRICT #3

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.