		8 OCC On azi	V 1-C	merca.
	F COPIES RECEIVED	- 0000		(2)
	DISTRIBUTION	1	CONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
	FILE 1		AND	
	LAND OFFICE	_ AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
	TRANSPORTER OIL /			Off:
	OPERATOR 5	-		/ King and
I.	PROPATION OFFICE			-693 3
۸.	Operator		***************************************	1 DEL CON.
	Operator BCO. Inc. Address			
	635 W Fremont Dr Littleton, Colorado 80120			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:		
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde	= 1	
	Change in Ownership	Conde	nsate	
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND LEASE			
	Lease Name		ame, Including Formation	Kind of Lease State, Federal or Fee Fed
	Federal B	22 Unde	s. Gallup Sandoval	State, Federal or Fee Fed
	, =	60 Feet From The SL Lin	ne and 660 Feet From	The EL
	Line of Section 22 , To	ownship 23N Range	7W , NMPM, Sar	ndoval county
		1 range	1 Minimized Sect	IGOVAL County
III.	DESIGNATION OF TRANSPOR	CTER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent?
	Bco, Inc.	NAV or congenitate		Littleton Colo 80120
	Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address to which appr	
		Unit Sec. Twp. Rge.	Is gas actually connected? W	h o n
	If well produces oil or liquids, give location of tanks.	I 22 23N 7W	МО	· · · · · · · · · · · · · · · · · · ·
		ith that from any other lease or pool,	give commingling order numbers	
	Designate Type of Completi	On - (Y)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded		Total Depth	P.B.T.D.
	10-6-70	10-22-70	5656	
	Pool Undescinated	Name of Producing Formation Gallup	Top Oll/Gas Pay 5383	Tubing Depth 5612
*	Perforations 5383-90;5391-96;5497-5504;5501-04; 5584-87;5592-99;5602-03		04;5518-20;5568-72;	Depth Casing Shee 5656
•	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12="	8 5 / 8"	200	1-50
	6 3/4"	# J/S"	5656	/463
				
v	TEST DATA AND REQUEST F	OP ALLOWARIE (Test must be a	ther recovery of total volume of lead oil	and must be equal to be exceed top allow-
٧.	OIL WELL	able for this de	opth or be for full 24 hours)	1
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	
	12-4-70	12-4-70	Gas lift	DIST. 3
	Length of Test	Tubing Pressure	Casing Pressure	Cheke Size OPEN
	Actual Prod. During Test	Oti-Bhis,	Water - Bbls.	Ggs-MCF
	12-4-70	23	1	80
, '		·		
	GAS WELL	11		
	Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI	CERTIFICATE OF COMPLIAN	CF	OII CONCERV	A TION COMMISSION
¥ 4 ·	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	, 19
	above is true and complete to the best of my knowledge and belief.		By Original Signed by Emery C. Arnold	
•	e e <u>e e</u>		TITLE SUPERVISOR DIST. #8	
			This form is to be filed in compliance with RULE 1104.	
١.	Harry M. Dayle		If this is a request for allowable for a newly drilled or deepened	
•	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	Vice President (Title)		All sections of this form must be filled out completely for allow-	
	12-12-70		able on new and recompleted w	ells.
	(Date)		Fill out Sections I, II, III well name or number, or transpor	, and VI only for changes of owner, ten or other such change of condition.