SARTA FE	REOUEST				Norm C-104 Supersedes Old C-704 and C-174 Ellective 1-1-65		
U.S.G.S. AUTHORIZATION TO TRA			יייא מאSPORT OIL AND	NATURAL GAS	1 -2	)	
LANT OFFICE	_ Xomoa	extron to the	THE STATE OF THE		$\cap \cap \cap$	٠, ١	
TRA ORTER GAS					<b>6</b> .1		
OPERATOR	_				10		
Operator  Operator							
BCO, Inc.							
135 Grant, Santa Fe,	N.M. 87501						
Reason(s) for filing 1( herk proper bo			Other (Plea	se explain)			
Hecompletion	Change in Tre	Dry Ga	5	•			
Change In Ownershit	Castnahead G	7	$\overline{-}$				
f change of ownership give name							
DESCRIPTION OF WELL AND	IFASE						
Lease Name Federal I	ame Well No. Pool Name, Including		Formation Kind of Leas  ced Gallup State, Federa		- 1   mr. 1 (FOC)		
Location				<u> </u>		J	
Unit Letter E : 170	Feet From T	he N Lin	• and950	Feet From The	W		
Line of Section 33 To	waship 23N	Rang <b>e 7</b> 1	W, NMP	M. Sandoval		County	
DESIGNATION OF TRANSPOR	TED OF OU AN	ID NATURAL GA	· .				
Name of Authorized Transporter of Ol	or Conde	ensate	Address (Give address	to which approved cop	by of this form is to	be sent)	
BCO, Inc.	BCO, Inc.			135 Grant, Santa Fe, N.M. 87501 Address (Give address to which approved copy of this form is to be sent)			
BCO, Inc.				135 Grant, Santa Fe, N.M. 87501			
If well produces all or liquids, give location of tanks.	Unit Sec.	Twp. Pge.	Is gas actually connec	ted? When	7- 7-79		
f this production is commingled w	ith that from any o	<del></del>	give commingling ord	er number:			
COMPLETION DATA	011 %		New Well Workover		Back   Same Res	v. Diff. Restv.	
Designate Type of Completi			X	P.B.	T.D.		
Date Spudded Date Compl. Ready to Prod. 7-17-79			Total Depth  5220 - Dril	į.	5204		
Elevations (DF, RKB, RT, GR, etc., 6856 GR	tions (DF, RKB, RT, GR, etc.,   Name of Producing Formation 6856 GR   Gallup		Top Oil/Gas Pay To 4858		Tubing Depth 5130		
Perforations one 3 1/8" sel		at 4858, 486	62, 4866, 4977,	4981, Dept	h Casing Shoe		
4985, 4998, 5016, 50	41, 5054, 507	2, 5110	CEMENTING RECO	RD	<del></del>		
HOLE SIZE		TUBING SIZE	DEPTH		SACKS CEM	ENT	
12 1/4		8 5/8	140		100		
7 7/8		4 1/2	5240		175		
4 1/2	4.7	2 3/8	5120		None		
TEST DATA AND REQUEST F	OR ALLOWABL	E (Test must be a	fter recovery of total vo pth or be for full 24 hou	lume of load oil and mu	st be equal to or e	cceed top allow-	
OII, WELL Date First New Oil Run To Tanks	Date of Test	abre jo this de		ow, pump, gas lift, etc.	)		
7-18-79	7-30-	79	Gas lift	Chal	· Size		
Length of Test  24 Hours	Tubing Pressure 700		1050 - 800	Cinol	Open		
Actual Prod. During Test	Cil-Bbis.		Water-Bbis.	Gas	-MCF 114		
7-30-79	19			The state of the s	_ \		
GAS WELL			1				
Actual Pred. Test-MCF/D	Length of Test		Bbls. Condensate/MM	CF Grav	ity of Condensate		
Testing Niethod (pitot, back pr.)	Tubing Freesure (	sbut-in)	Cosing Pressure (Sho	g. I.	* Size		
ERTIFICATE OF COMPLIANCE			OIL CONSERVA HON COMMISSION				
		Oll Consequetion	APPROVED		<u>979                                   </u>	19	
hereby certify that the rules and Commission have been complied above is true and complete to the	with and that the	information given	By_Original	Signed by A. I	R. Kendrick		
TOTAL TENED THE COMPLETE TO THE	J		TITLE	SUPERVISOR DISEASE			
. ,	1		This form is	to be filed in compli	ance with RULE	1104.	
Harry R Da	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.						
Harry R. Bigbee							
79							
(1							
8-2-79							
(L	u(e)			ms C-104 must be f			
			II completed wells.			•	