

B.K.

DESCRIPTION OF WELL AND LEASE

Lease Name Federal I	Well No. 2	Pool Name, including Formation Undesignated Gallup	Kind of Lease, State, Federal or Fee Fed	Lease No. NM-16586
Location Unit Letter I ; 1850 Feet From The S Line and 990 Feet From The E Line of Section 33 Township 23N Range 7W , NMPM, Sandoval County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
BCO, Inc.					135 Grant, Santa Fe, N.M. 87501	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
BCO, Inc. - S Lybrook Gathering Line					135 Grant, Santa Fe, N.M. 87501	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	33	23N	7W	Yes	7-7-79

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

V. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-28-79		Date Compl. Ready to Prod. 7-06-79		Total Depth 5260			P.B.T.D. 5206		
Elevations (DF, RKB, RT, GR, etc., GR 6866		Name of Producing Formation Gallup		Top Oil/Gas Pay 4894			Tubing Depth 5112		
Perforations one 3 1/8" select shot at 4894, 4898, 4902, 5014, 5018, 5022, 5036, 5048, 5074, 5094, 5108							Depth Casing Shoe 5258		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4		24.0# 8 5/8		131			100		
7 7/8		10.5# 4 1/2		5258			175		
4 1/2		4.7 2 3/8		5112			None		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-6-79	7-16-79	Gas lift	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	750	1050 - 780	Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.
7-16-79	27	0	152

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

1. 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.

Harry R. Bush

(Signature)
President

7-16-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 18 1979, 19

APPROVED _____
BY Original Signed by A. R. Kendrick

TITLE _____ SUPERVISOR DISTRICT # _____

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 III.

All sections of this form must be filled out completely for allowance 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 filled for each pool in multiply completed wells.