

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

B.R.

Operator

BCO, Inc.

Address

135 Grant, Santa Fe, New Mexico 87501

Reason(s) for filing (check proper box)

Other (Please explain)

New Well

Change in Transporter of:

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name

Federal I

Well No.

3

Pool Name, including Formation

Undesignated Gallup

Kind of Lease

State, Federal or Fee

Fed

Lease No.

NM- 16586

Location

Unit Letter

M

990

Feet From The

S

Line and

790

Feet From The

W

Line of Section

33

Township

23N

Range

7W

NMPM,

Sandoval

County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

BCO, Inc.

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

135 Grant, Santa Fe, New Mexico 87501

Name of Authorized Transporter of Casinghead Gas

BCO, Inc.

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

135 Grant, Santa Fe, New Mexico 87501

If well produces oil or liquids, give location of tanks.

Unit

K

Sec.

33

Twp.

23N

Rge.

7W

Is gas actually connected?

Yes

When

7-7-79

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

III. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

X

Gas Well

New Well

X

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

Date Spudded

5-22-79

Date Compl. Ready to Prod.

7-25-79

Total Depth

5158

P.B.T.D.

5114

Elevations (DF, RKB, RT, CR, etc.)

6859 GR

Name of Producing Formation

Gallup

Top Oil/Gas Pay

4834

Tubing Depth

5091

Perforations

one 3 1/8 select shot at 4834, 4838, 4842, 4952, 4956, 4962, 4973, 4990, 5012, 5029, 5046, 5084

Depth Casing Shoe

5140

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

12 1/4

24.0# 8 5/8

139

100

7 7/8

10.5# 4 1/2

5150

175

4 1/2

4.7 2 3/8

5091

None

IV. 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

7-25-79

Date of Test

8-6-79

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

Gas lift

Length of Test

24 Hours

Tubing Pressure

700

Casing Pressure

1050 - 800

Choke Size

Open

Actual Prod. During Test

8-6-79

Oil - Bbls.

19

Water - Bbls.

0

Gas - MCF

114

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

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. Byrnes

(Signature)

President

8-6-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 9 1979

19

Original Signed by A. R. Kendrick

BY

SUPERVISOR

TITLE

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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.