

DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
SANTA FE	REQUEST FOR ALLOWABLE	
FILE	AND	
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

API 30-043-20340

Operator BCO, Inc.	
Address 135 Grant, Santa Fe, New Mexico 97501	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Federal B	Well No. 4	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed	Lease No. NM-6682
Location Unit Letter L 1850 Feet From The S Line and 880 Feet From The W Line of Section 34 Township 23N Range 7W, NMPM, Sandoval County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> BCO, Inc.	Address (Give address to which approved copy of this form is to be sent) 135 Grant, Santa Fe, N.M. 87501					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> BCO, Inc. - S Lybrook Gathering Line	Address (Give address to which approved copy of this form is to be sent) 135 Grant, Santa Fe, N.M. 87501					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 34	Twp. 23N	Rge. 7W	Is gas actually connected? Yes	When 1st sale 7-5-79 December, 1978

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-21-79	Date Compl. Ready to Prod. 7-5-79	Total Depth 5313	P.B.T.D. 5269					
Elevations (DF, RKB, RT, GR, etc.) GR 6886	Name of Producing Formation Gallup	Top Oil/Gas Pay 4932	Tubing Depth 5156					
Perforations one 3 1/8" select shot at 4932, 4936, 4940, 5051, 5054, 5058, 5074.5, 5092, 5114, 5134, 5150			Depth Casing Shoe 5285					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	24.0# 8 5/8	142	100
7 7/8	10.5# 4 1/2	5285	175
4 1/2	4.7# 2 3/8	5156	None

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 6-29-79	Date of Test 7-5-79	Producing Method (Flow, pump, gas lift, etc.) Gas lift	
Length of Test 24 Hours	Tubing Pressure 800	Casing Pressure 1000 - 800	Choke Size Open
Actual Prod. During Test 7-5-79	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. Byrd
(Signature)
President
(Title)
7/9/79
(Date)

OIL CONSERVATION COMMISSION
JUL 10 1979
APPROVED
Original Signed by A. R. Kendrick
BY
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 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.