

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS317c/W
SEP 30 1987
OIL CON. DIV.
DIST. 3

Operator	
BCO, INC.	
Address	
135 Grant, Santa Fe, New Mexico 87501	
Reason(s) for filing (Check proper box)	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Alamito Unit	3	Alamito Gallup	State, Federal or Fee State	V1697
Location				
Unit Letter E : 1980 Feet From The North Line and 760 Feet From The East				
Line of Section 32 Township 23N Range 7W NMPM Sandoval County				

III. 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.	135 Grant, Santa Fe, N.M. 87501
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. is gas actually connected? When Will be when well quits making nitrogen
	N 32 23N 7W No

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Elizabeth B. Keesha
(Signature)

Vice President

September 29, 1987

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED 9-25-87, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT 3

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.

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X						
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
8/21/87	9/25/87			5170			5131		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
6850 GR	Gallup			4800			5024		
Perforations							Depth Casing Shoe		
20 10 27280									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	23#	218	155
7-7/8	4-1/2	11.6#	5167	1450

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 9/25/87		Date of Test 9/29/87	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 150	Casing Pressure 385	Choke Size 21/64	
Actual Prod. During Test 24 hours	Oil - Bbls. 46	Water - Bbls. 43--recovered frac water	Gas - MCF 276	

GAS WELL

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