

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Revised 10-01-78
Format 08-01-83
Page 13079/W
RECEIVED
OCT 13 1987
OIL CON. DIV.
DIST. 3

I.

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

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Alamito Unit	Well No. 4	Pool Name, including Formation Alamito Gallup	Kind of Lease State, Federal or Fee	Lease No. LG3924-3
Location Unit Letter <u>C</u> : <u>1960</u> Feet From The <u>North</u> Line and <u>2130</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>23N</u> Range <u>7W</u> NMPM, <u>Sandoval</u> 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, New Mexico 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, New Mexico 87501
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. Is gas actually connected? When
	N 32 23N 7W No. Will sell when quits making Nitrogen.

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. Keeshan
(Signature)

Vice President

October 12, 1987

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____

BY _____

TITLE _____

OCT 13 1987
ORIGINAL SIGNED BY ERNIE BUSCH
DEPUTY OIL & GAS INSPECTOR, DIST. #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

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 8/28/87	Date Compl. Ready to Prod. 9/2/87		Total Depth 5150'		P.B.T.D. 5080'				
Elevations (DF, RKB, RT, GR, etc.) 6840 GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 4796'		Tubing Depth 5004'				
Perforations 4796', 4802', 4810', 4914', 4920', 4926', 4932', 4954', 4972', 4992', 5006', 5048'						Depth Casing Shoe 5147'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8		219		155				
7-7/8	4-1/2		5147		1250				
4-1/2	2-3/8		5004						

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 10/6/87		Date of Test 10/8/87	Producing Method (Flow, pump, gas lift, etc.) Flowing - will go on piston	
Length of Test 24 hours	Tubing Pressure 345	Casing Pressure 560	Choke Size 21/64	
Actual Prod. During Test 24 hours	Oil - Bbls. 81	Water - Bbls. 20--recovered frac water	Gas - MCF 486	

GAS WELL

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