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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator BCO, Inc.	Well API No. 3004320825
Address 135 Grant, Santa Fe, NM 87501	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal L	Well No. 1	Pool Name, including Formation Alamito Gallup	Kind of Lease State, Federal or Fee	Lease No. NM 58878
Location Unit Letter 0 : 490 Feet From The south Line and 1765 Feet From The east Line Section 28 Township 23N Range 7W, NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Giant Refining	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas BCO, Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 135 Grant, Santa Fe, NM 87501				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 28	Twp. 23N	Rge. 7W	Is gas actually connected? Yes	When? 10/11/88

V. 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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

TEST DATA AND REQUEST FOR ALLOWABLE

IL 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	RECEIVED JUL 06 1989 OIL CON. DIV.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

AS 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

OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature
James P. Bennett
Office Manager

Printed Name
James P. Bennett
Title
Office Manager

Date
6/30/89
Telephone No.
983-1228

OIL CONSERVATION DIVISION

Date Approved
JUL 06 1989

By
[Signature]
SUPERVISION DISTRICT # 8
SUPERVISOR DISTRICT # 9

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of formation.