Submit 5 Copies
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

Operator								API No.				
BCO, Inc.									0-043-20829			
Address 135 Grant, Santa	Fe. NM	4 8750	1									
Reason(s) for Filing (Check proper box)					Ot	her (Please exp	lain)		·			
New Well		Change in										
Recompletion	Oil		Dry (
Change in Operator If change of operator give name	Casinghe	ad Gas	Cond	lensate								
and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name		Well No. Pool Name, Include			- 1			Kind of Lease		Lease No.		
Federal B		7	1	_ybrook	Gallup	Gallup			State, Federal or Fee NM6682			
Location A	790)		N	lorth	900	.		17 t			
Unit Letter	_ :		_ Feet l	From The	Lit	ne and <u>890</u>	<u>, </u>	Feet From The	East	Line		
Section 21 Townshi	ip 23N	1	Range	e 7W	, N	MPM, Sar	ndova1			County		
HI DECICNATION OF TOAR	JCDADTE	en or o	7 7 A.1	NIEN NIA TEE	DAI GAG							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
Giant Refining	or Condensate				l .	P.O. Box 256, Farmington, NM 87						
Name of Authorized Transporter of Casin	nghead Gas XX or Dry Gas					ve address to w				nt)		
BCO, Inc.					rant, Sar)1				
well produces oil or liquids, Unit Sec. e location of tanks. I 22			Тwp. 24N	Rge. 7W	Is gas actually connected? We Yes			hen? July 14, 1989				
If this production is commingled with that		·						July 14,	1707	· · · ·		
IV. 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	· · ·	pl. Ready to	Prod.	 	Total Depth	<u> </u>	.l	P.B.T.D.	!	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe				
. <u></u>												
TUBING, CASING AND					CEMENTI							
HOLE SIZE CASING & TUE			BING	SING SIZE DEPTH SE				SACKS CEMENT				
	 							 				
	† · · · · · · · ·							 	······································			
V. TEST DATA AND REQUES	T FOR A	IIOWA	RI E									
OIL WELL (Test must be after re	ecovery of to	tal volume	of load	oil and must	be equal to or	exceed top allo	owable for the	is delle la	OR E L	MED		
Date First New Oil Run To Tank	Date of Tes		-		Producing Me	ethod (Flow, pu	mp, gas lift,	etc.)	9 6 7	V [5 		
									~ —			
ngth of Test Tubing Pressure					Casing Pressu	ire		Choke Size	Choke SiAUG1 4 1989			
Actual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas Qtt. CON. DIV				
Oil - Bois.								DIST. 3				
GAS WELL	•				<u> </u>							
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conden	sate/MMCF		Gravity of C	Gravity of Condensate			
Parties Mathed (wint had m.)								Challe Class				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressu	ire (Shut-in)		Choke Size	Choke Size				
VI OPERATOR CERTIFIC	ATE OF	COMP	TAN	ICE	[<u> </u>				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.					Date ApprovedAUG 1 4 1989							
James P. Benned					Date Approved							
Signature					I RV •							
James P. Bennett Office Manager Printed Name Title					SUPERVISION DISTRICT #3							
Printed Name 8/11/89 983-1228 Title					Title.							
Date		Telep	hone N	¥o.				·				

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 operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.