

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 BCO, Inc.		Well API No. 30-043-20835	
Address 135 Grant, Santa Fe, NM 87501			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal B	Well No. 8	Pool Name, Including Formation Lybrook Gallup	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or <input type="checkbox"/> Mex	Lease No. NM 6682
Location Unit Letter C : 790' Feet From The north Line and 1650' Feet From The west Line Section 22 Township 3N 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"/> Giant Refining	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> BCO, Inc.	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 D	Sec. 22	Twp. T23N	Rge. R7W
Is gas actually connected? Yes		When? 5/21/90		
If this production is commingled with that from any other lease or pool, give commingling order number: N/A				

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2/22/90	Date Compl. Ready to Prod. 5/16/90		Total Depth 5920		P.B.T.D. 5888			
Elevations (DF, RKB, RT, GR, etc.) 7380GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 5622		Tubing Depth 5846			
Perforations One 3 1/8" 0.39" select fire shot at 5622,5628,5733,5738,5741 & One 3 1/8" 0.32" select fire shot at 5756,5792,5822,5835 & 5856.					Depth Casing Shoe 5907			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 23#		232		155			
7 7/8"	4 1/2" 11.6#		5907		1150			
4 1/2"	2 3/8" 4.7#		5846					

V. 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 Tank 5/16/90	Date of Test 5/20/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 170	Casing Pressure 465	Choke Size 12/64
Actual Prod. During Test 70	Oil - Bbls. 60	Water - Bbls. 10 bbls recovered frac water	Gas - MCF 465

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	DATE OF COMPLETION MAY 22 1990
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	OIL CON. DIV. DIST. 3

VI. 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 Elizabeth B. Keeshan
Elizabeth B. Keeshan Vice-President
Printed Name
5/21/90
Date
505 983-1228
Telephone No.

OIL CONSERVATION DIVISION

MAY 16 1990

Date Approved
By Barry. Chang
SUPERVISOR DISTRICT #3
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 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.