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

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

## State of New Mexico Energy, Minerals and Natural Resources Department

## Form C-104 red 1-1-89 instructions at nottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

3016 N

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. BCO, INC. . 30-043-20883 . 135 GRANT, SANTA FE, NM 87501 Reason(s) for Filing (Check proper box) Other (Please explain) X . Change in Transporter of Dry Gas Recompletion Oil  $\Box$ JUN 8 1993 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator OIL CON. DIV. II. DESCRIPTION OF WELL AND LEASE DIST. 3 Lease Name Well No. | Pool Name, Including Formation Kind of Lease State (Federal) or Peax Lease No. NM-6682 14. Lybrook Gallup Federal B · Location 1152 420 east Feet From The \_\_north Line and \_ Feet From The Line Section 27 Township 23N Sandova1 Range . NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  $\overline{XX}$ . GIANT REFINING P.O. BOX 256, FARMINGTON, NM 87499 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) [XX] . or Dry Gas 135 GRANT, SANTA FE, NM 87501 · If well produces oil or liquids, give location of tanks. Twp. Ree. When? Is gas actually connected?  $\mathbf{I}$ 27 | 23N No · 7W• When Nitrogen clears up. • If this production is commingled with that from any other lease or pool, give commingling order number: <u> N/A</u> IV. COMPLETION DATA Oil Well Gas Well New Well | Workover | Deepen | Plug Back | Same Res'v Designate Type of Completion - (X) <u>xx</u> . XX . Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 3/23/93 • 6/03/93 • 5750' • 5700'• Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Gallup • 5453' • 5664" One 0.39" select fire shot at 5453', 5458!, 5463', 5570', 5585!, 5603!, 5616!, 5626', 5644!, 5659', & 5673'. Perforations Depth Casing Shoe <u>5747' ·</u> TUBING, CASING AND CEMENTING RECORD **HOLE SIZE CASING & TUBING SIZE DEPTH SET** SACKS CEMENT 12 1/4" 8 5/8. 371 · <u> 275 ·</u> 7 7/8" • 4 1/2 . 5747 • 950 · 3/8 • 5664 • 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 Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test 6/3/93 · 6/7/93 • Piston · Length of Test Casing Pressure Choke Size Tubing Pressure 24 hours 395 • 640 -1/2" Actual Prod. During Test Gas- MCF Water - Bbls. Oil - Bbls. 130 . 124. 6 , 520 . **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 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.

ELIZABETH B. KEESHAN PRESIDENT Printed Name Title 6/7/93 Date  OIL CONSERVATION DIVISION

JUN 8 1993

Date Approved \_

Birs, de

SUPERVISOR DISTRICT 13

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

Telephone No.

3) Fill out only Sections I. II. III. and VI for changes of operator well name or num