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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

31

Operator Bco, Inc.	
Address P.O. Box 669 Santa Fe, N.M. 87501	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> XXX	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal D	Well No. 2	Pool Name, Including Formation Undesignated Gallup San Juan	Kind of Lease State, Federal or Fee Fed
Location			
Unit Letter J ; 1650 Feet From The East Line and 1980 Feet From The South			
Line of Section 1 , Township 23N Range 9W , NMPM, San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> XXX or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Bco, Inc. P.O. Box 669 Santa Fe, N.M. 87501					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 1	Twp. 23N	Rge. 9W	Is gas actually connected? NO	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-5-71	Date Compl. Ready to Prod. 2-20-72	Total Depth 5353		P.B.T.D.				
Pool Undesignated Gallup	Name of Producing Formation Gallup	Top Oil/Gas Pay 5110		Tubing Depth 5240				
Perforations 5230-36; 5215-18; 5204-08; 5178-82; 5168-73; 5161-64; 5120-22;		5110-5120		Depth Casing Shoe 5353				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7 7/8	4 1/2 10.5#		5353		150 Class C 2% gel			
12 1/4	8 5/8" 24.0#		130		85 Class A			
4 1/2	2 3/8		5240		NONE			

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 Tanks 2-20-72	Date of Test 2-20-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure Line Pressure (20 ?)	Casing Pressure 40	Choke Size Open
Actual Prod. During Test 2-20-72	Oil - Bbls. 9	Water - Bbls. -0-	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate OIL CON. COM.
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

FEB 28 1972

OIL CON. COM.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Nancy R. Bynum
(Signature)

President

(Title)

2-25-72

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 28 1972, 19

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR 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 Sections I, II, III, and VI only 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.