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NEW MEXICO OIL CONSERVATION COMMISSION

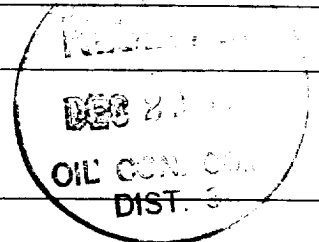
REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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"/> XXXX	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 _____



I. DESCRIPTION OF WELL AND LEASE

Lease Name Federal F	Well No. 1	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter J	1960 Feet From The East Line and 2080 Feet From The South		
Line of Section 8	Township 23N	Range 8W	NMPM, San Juan County

I. 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) 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 J Sec. 8 Twp. 23N Rge. 8W Is gas actually connected? NO When

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> XXX	Gas Well	New Well <input checked="" type="checkbox"/> XXX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-5-71	Date Compl. Ready to Prod.	Total Depth 5291	P.B.T.D.					
Pool Undesignated	Name of Producing Formation Gallup	Top Oil/Gas Pay 5068	Tubing Depth 5215					
Perforations 5068-82; 5129-32; 5139-42; 5175-78; 5185-88; and 5203-10.	Depth Casing Shoe 5291							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8" 24#	128	85 Sacks Class A					
7 7/8"	4 1/2" 10.5#	5291	150 sacks Class C 2					
			Gel					

III. 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 12-13-71	Date of Test 12-22-71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 40	Casing Pressure 40	Choke Size Open
Actual Prod. During Test 12-22-71	Oil - Bbls. 27	Water - Bbls. -0-	Gas - MCF 8

GAS WELL

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

IV. 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.

Harry R. Bigbee
(Signature)
Harry R. Bigbee President
(Title)
12-28-71
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 28 1971**, 19_____
BY **Original Signed by A. R. Kendrick**
TITLE **PETROLEUM ENGINEER DIST NO. 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 Form C-104 must be filled for each pool in multiply completed wells.