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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 BCO, INC.		Well API No. 30-045-28376
Address 135 GRANT, SANTA FE, NM 87501		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> . Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Other (Please explain) <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

JUL 18 1991
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal D	Well No. 4	Pool Name, Including Formation South Bisti Gallup Extended.	Kind of Lease State, Federal or Mex	Lease No. NM-8005
Location Unit Letter A : 960 Feet From The north Line and 865 Feet From The east Line Section 10 Township 23N Range 9W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil GIANT REFINING	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 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 A Sec. 10 Twp. 23N Rge. 9W	Is gas actually connected? No. When? If economics of well permit.

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 XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2/20/91	Date Compl. Ready to Prod. 7/11/91	Total Depth 5130	P.B.T.D. 5085					
Elevations (DF, RKB, RT, GR, etc.) 6893 GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 4792	Tubing Depth 4969					
Perforations One 0.32" shot at 4792; 4900; 4906; 4912; 4944, 4950, 4956, 4982, 4988, 4994, 5006	Depth Casing Shoe 5124							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	362	225					
7 7/8	4 1/2	5124	1140					
4	2 3/8	4969						

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 7/11/91	Date of Test 7/16/91	Producing Method (Flow, pump, gas lift, etc.) Gas Lift	
Length of Test 24 hours	Tubing Pressure 120	Casing Pressure 400	Choke Size 40/64
Actual Prod. During Test 43	Oil - Bbls. 38	Water - Bbls. 5 (recovered frac water)	Gas - MCF 57 MCF Gas 57 MCF Recovered Nitrogen

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Signature Elizabeth B. Keeshan
ELIZABETH B. KEESHAN PRESIDENT
Printed Name
Date 7/17/91 Title
305-983-1228
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 11 1991
By Original Signed by CHARLES GHULSON
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.