

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

I.

Operator BCO, INC. .	Well API No. 30-045-28377 .
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 D .	Well No. 6 .	Pool Name, Including Formation South Bisti Gallup	Kind of Lease State, Federal or Fee	Lease No. NM-8005 .
Location				
Unit Letter M .	: 660 .	Feet From The south .	Line and 660 .	Feet From The west .
Section 10 .	Township 23N .	Range 9W .	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 M .	Sec. 10 .
	Twp. 23N .	Rge. 9W .
	Is gas actually connected? No .	When ? Not sufficient volume to economically support cost of hookup.

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 2/13/91 .	Date Compl. Ready to Prod. 6/25/91 .	Total Depth 4950 .	P.B.T.D. 4830 .					
Elevations (DF, RKB, RT, GR, etc.) 6730 GL .	Name of Producing Formation Gallup .	Top Oil/Gas Pay 4542 4640	Tubing Depth 4720 .					
Perforations One 0.32" perforation at 4542; 4640; 4648; 4654; 4660; 4694; 4711; 4734; 4740; 4746; 4758 .		Depth Casing Shoe 4850 .						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4 .	CASING & TUBING SIZE 8 5/8 . 24# .		DEPTH SET 365 .		SACKS CEMENT 225 .			
7 7/8 .	4 1/2 . 11.6# .		4850 .		1050 .			
4 .	2 3/8 . 4.7# .		4720					

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 6/25/91 .	Date of Test 6/30/91 .	Producing Method (Flow, pump, gas lift, etc.) Flowing (will put on pump jack) .	
Length of Test 24 Hours .	Tubing Pressure 150 .	Casing Pressure 800 .	Choke Size 8/64 .
Actual Prod. During Test 176 .	Oil - Bbls. 125 .	Water - Bbls. 51 recovered frac water.	Gas- MCF 50 MCF. Also recovered 50 MCF N ₂ .

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Shut-in 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
Printed Name
7/1/91
Date
PRESIDENT
Title
505-983-1228 .
Telephone No.

OIL CONSERVATION DIVISION

JUL 02 1991

Date Approved

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT # 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.