

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. 30-045-28455 |
| 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. 3 | Pool Name, Including Formation South Bisti Gallup Extended | Kind of Lease State, Federal or Fee | Lease No. NM-8005 |
| Location Unit Letter 0 : 475 Feet From The South Line and 2185 Feet From The East Line Section 3 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"/> or Condensate <input type="checkbox"/> GIANT REFINING | 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 0 | Sec. 3 | 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 2/27/91 | Date Compl. Ready to Prod. 7/22/91 | Total Depth 5050 | P.B.T.D. 4992 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6815 GL | Name of Producing Formation Gallup | Top Oil/Gas Pay 4718 | Tubing Depth 4887 | | | | | |
| Perforations One 0.32" perforation at 4718, 4822, 4828, 4834, 4866, 4872, 4878, 4902, 4908, 4914, 4928 | Depth Casing Shoe 5047 | | | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4 | 8 5/8 | | 365 | | 225 | | | |
| 7 7/8 | 4 1/2 | | 5047 | | 1260 | | | |
| 4 | 2 3/8 | | 4887 | | | | | |

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 7/22/91 | Date of Test 7/25/91 | Producing Method (Flow, pump, gas lift, etc.) Gas Lift | |
| Length of Test 24 hours | Tubing Pressure Flowing 150 | Casing Pressure 550 | Choke Size 19/64 |
| Actual Prod. During Test 72 | Oil - Bbls. 47 | Water - Bbls. 25 | Gas- MCF 70 MCF Gas 70 MCF N ₂ |

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
Printed Name
7/26/91
Date
PRESIDENT
Title
505-983-1228
Telephone No.

OIL CON. DIV.
OIL CONSERVATION DIVISION
JUL 22 1991

Date Approved
By Original Signed by FRANK T. CHAVEZ
Title

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.