

Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator BCO, INC.		Well API No. 30-045-28665
Address 135 GRANT, SANTA FE, NM 87501		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> 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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE K	Well No. 1	Pool Name, Including Formation ALAMITO GALLUP	Kind of Lease (State) Federal or Fee	Lease No. V-2413
Location Unit Letter P : 400 Feet From The SOUTH Line and 900 Feet From The EAST Line Section 36 Township 23N Range 8W, 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 BCO, INC.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 135 GRANT, SANTA FE, NM 87501
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 36
	Twp. 23N	Rge. 8W
Is gas actually connected? No		When? 6/23/92
If this production is commingled with that from any other lease or pool, give commingling order number:		When nitrogen clears up.

IV. COMPLETION DATA

Designate Type of Completion - (X) XX	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded May 23, 1992	Date Compl. Ready to Prod. June 18, 1992	Total Depth 5130'	P.B.T.D. 5060'					
Elevations (DF, RKB, RT, GR, etc.) GL: 6942'. KB: 6954'	Name of Producing Formation Gallup	Top Oil/Gas Pay 4602' 4775'	Tubing Depth 4980'					
Perforations 0.32" EHD at 4775', 4780', 4882', 4888', 4895', 4902', 4963', 4976', 4980', 5017'		Depth Casing Shoe 5119'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12.250"	CASING & TUBING SIZE 8.625" Surf Csg.	DEPTH SET 356'	SACKS CEMENT 275 sx, circ					
7.875"	4.500" Prod Csg.	5119'	800 sx, circ					
	2.375" Tubing	4980'						

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 June 18, 1992	Date of Test June 21, 1992	Producing Method (Flow, pump, gas lift, etc.) Plunger Lift	
Length of Test 24 hours	Tubing Pressure 160	Casing Pressure 455	Choke Size 21/64
Actual Prod. During Test 70 bbls	Oil - Bbls. 50	Water - Bbls. 20 (load water)	Gas - MCF 200

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 6/22/92 Title
505-983-1228
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By Original Signed by CHARLES GIBLSON

Title

DEPUTY CHIEF OF GAS INSPECTOR, DIST. 43

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.