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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL 1 GAS 1
OPERATOR 1
PRORATION OFFICE

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)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐
Other (Please explain)
To show Bco as transporter and not El Paso Nat Gas Co. Bco has been the transporter for many years.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Federal 6-22 Well No. 1 Pool Name, Including Formation Escrito Gallup Kind of Lease State, Federal or Fee Federal
Location
Unit Letter K Feet From The Line and Feet From The
Line of Section 22 Township 24N Range 7W NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Bco, Inc. 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 ☒ or Dry Gas ☐
Bco, Inc. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 669 Santa Fe, N.M. 87501
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

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

COMPLETION DATA Not applicable old well.

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'y. Diff. Res'y.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Not applicable old 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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL Not Applicable old well

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

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.
President
5-9-72
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAY 11 1972, 19
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #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.