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SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
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
Recompletion
Change in Ownership
Change in Transporter of: Oil, Dry Gas, 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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Lybrook
Well No. 6
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

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil 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 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:
V. COMPLETION DATA Not applicable old well.

Designate Type of Completion - (X)
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

Table with 4 columns: HOLE SIZE, CASING & TUBING SIZE, DEPTH SET, SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Not applicable old well

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

VI. 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.

Signature of President
President
5-9-72
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAY 11 1972
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.