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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

I. Operator  
BCO, Inc.

Address  
P. O. Box 669 Santa Fe, New Mexico 87501

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Escrito Gallup Unit (Elizabeth 6)	Well No. 20	Pool Name, Including Formation Escrito Gallup	Kind of Lease State, Federal or Fed. Federal
Location Unit Letter N ; 1650 Feet From The W Line and 990 Feet From The S Line of Section 18 , Township 24N Range 7W , NMPM, Rio Arriba 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"/> BCO, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 669 Santa Fe, New Mexico 87501
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> BCO, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 669 Santa Fe, New Mexico 87501
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When N 18 24N 7W No-will be beginning 7-1-75

If this production is commingled with that from any other lease or pool, give commingling order number: 14-08-0001-8691

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-22-75	Date Compl. Ready to Prod. 5-9-75	Total Depth 5990	P.B. T.D.					
Pool Escrito	Name of Producing Formation Gallup	Top Oil/Gas Pay 5679	Tubing Depth 5886					
Perforations 5679-83; 5733-35; 5743-53; 5774-78; 5870-86 W2/SPF	Depth Casing Shoe 5990		DIST. 3					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 24.70#		140		100 Sacks Class A			
7 7/8	4 1/2 11.50		5990		290 Sacks 65-35poz & 235 Sacks 50-50 poz 2nd stage tool at 3238 333 sacks 65-35 & 235			

## 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 Tanks 5-9-75	Date of Test 5-21-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 260	Casing Pressure 500	Choke Size Open
Actual Prod. During Test 5-21-75	Oil-Bbls. 34	Water-Bbls. 3-Frac	Gas-MCF 102

## GAS 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.

Harry R. Byler  
(Signature)  
President

5-27-75

(Title)

(Date)

## OIL CONSERVATION COMMISSION

MAY 28 1975

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by A. R. Kendrick  
TITLE PETROLEUM ENGINEER DIST. NO. 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. Separate Forms C-104 must be filed for each pool in multiply

# BCO, Inc.

OIL WELL OPERATOR  
AND  
TRUCKING DIVISION

AREA CODE 505  
982-4611

SANTA FE, N. M. 87501

P. O. BOX 669

May 27, 1975

TO: Whom It May Concern

RE: Deviation tests Escrito Gallup Unit #20 ( Elizabeth #6 )  
Lease # NM-03595 1650' FWL 990' FSL Sec. 18 T24N R7W  
N.M.P.M.

I hereby certify to the best of my knowledge and belief, that the following are the results of deviation tests taken on the above well.

<u>Depth</u>	<u>Degrees</u>
1822	1 1/2
3003	1/4
3558	1
3990	1
4684	1
5320	1/4
5657	1

  
HARRY R. BIGBEE  
President

7 Copies attached to Form 9-330  
7 Copies attached to Form C-104