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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110  
Effective 1-1-65

## REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3128/R  
8-7-84

Operator BCO, Inc.	
Address 135 Grant, Santa Fe, New Mexico 87501	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE EGU #27 (3-19 #2).

Lease Name Escrito Gallup Unit	Well No. 27	Pool Name, Including Formation Escrito Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080034
Location				
Unit Letter H ; 1840' Feet From The North Line and 330' Feet From The East				
Line of Section 19 Township 24N Range 7W , NMPM, Rio Arriba County				

## 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) 135 Grant, Santa Fe, NM 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) 135 Grant, Santa Fe, NM 87501					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 19	Twp. 24N	Pge. 7W	Is gas actually connected? Yes	When July, 1984

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					
Date Spudded 6/30/84	Date Compl. Ready to Prod. 7/30/84		Total Depth 6100'		P.B.T.D. 6074'			
Elevations (DF, RKB, RT, CR, etc.) GR 7160'	Name of Producing Formation Gallup		Top Oil/Gas Pay 5732'		Tubing Depth 5970'			
Perforations One 3 1/8" select fire shot at 5968, 5938, 5934, 5930, 5926, 5922, 5918, 5822, 5798, 5792, 5732 - Diameter of shot					Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" J-55 24.0#	219	150 sacks
7 7/8"	4 1/2" N80 11.6#	6097	1860 sacks
4 1/2"	2 3/8" J-55 4.7#	5970	None

## 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 7/30/84	Date of Test 8/1/84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 380 to 305	Casing Pressure 595 to 430	Choke Size 19/64
Actual Prod. During Test 8/1/84	Oil-Bbls. 27	Water-Bbls. 70 Frac	Gas-MCF 54

## 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

## 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. Bigbee, President  
(Signature)  
(Title)8/2/84  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED AUG 06 1984

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

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 only Sections I, II, III, and VI 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 completed wells.