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

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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

Operator	
BCO, Inc.	
Address	
135 Grant, Santa Fe, New Mexico 87501	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

3/47/K
30/7/K
9-10-84

RECEIVED
AUG 17 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE EGU # 29 (3-20 #3)			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Escrito Gallup Unit.	29	Escrito Gallup	State, Federal or Fee Federal
Location			Lease No.
Unit Letter H ; 1840' Feet From The North Line and 800' Feet From The East			NM-014022
Line of Section 20 Township 24 N Range 7 W , 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"/>		Address (Give address to which approved copy of this form is to be sent)	
BCO, Inc.		135 Grant, Santa Fe, New Mexico 87501	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
BCO, Inc.		135 Grant, Santa Fe, New Mexico 87501	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	A	20	24N 7W
Is gas actually connected?		When Date Unknown. Well produces into existing battery.	
Yes			

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 7/22/84	Date Compl. Ready to Prod. 8/13/84
Elevations (DF, RKB, RT, GR, etc.) GR 7315	Name of Producing Formation Gallup
Perforations One 3 3/18" select fire shot at 6126, 6108, 6104, 6100, 6096, 6092, 6088, 5992, 5980, 5970, 5962, 5908	Top Oil/Gas Pay 5908
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
12 1/4"	8 5/8" J-55 24.0#
7 7/8"	4 1/2" N80 11.6#
4 1/2"	2 3/8" J-55 4.7#
DEPTH SET	
210	
6227	
6130	
SACKS CEMENT	
155 sacks	
1725 sacks	
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 thin depth or be for full 24 hours)			
Date First New Oil Run To Tanks 8/13/84	Date of Test 8/16/84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 270 to 160	Casing Pressure 555 to 270	Choke Size 19/64
Actual Prod. During Test 8/16/84	Oil-Bbls. 97	Water-Bbls. 8 Frac	Gas-MCF 194

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

I. 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
August 16, 1984

OIL CONSERVATION COMMISSION

8-21-84
APPROVED
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 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 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.