

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator BCO, Inc.	Well API No. 30-039-24601
Address 135 Grant, Santa Fe, NM 87501	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bobby B	Well No. 3	Pool Name, Including Formation Escrito Gallup	Kind of Lease State, Federal or Fee	Lease No. SF-078534
Location Unit Letter E : 1850' Feet From The north Line and 930' Feet From The west Line Section 31 Township 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"/> Giant Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499	
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 E Sec. 31 Twp. 24N Rge. 6W	Is gas actually connected? Yes When? 5/16/90

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

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 2/6/90	Date Compl. Ready to Prod. 5/8/90	Total Depth 5650	P.B.T.D. 5593					
Elevations (DF, RKB, RT, GR, etc.) 6718	Name of Producing Formation Gallup	Top Oil/Gas Pay 5264	Tubing Depth 5433					
Perforations 5264 - 5462			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 23#		229		155			
7 7/8"	4 1/2" 11.6#		5640		1140			
4 1/2"	2 3/8" 4.7#		5433					

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 Tank 5/10/90	Date of Test 5/15/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 435	Casing Pressure 490	Choke Size 17/64
Actual Prod. During Test 25	Oil - Bbls. 22	Water - Bbls. 3 bbls frac water	Gas- MCF 297

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/Mcf	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Elizabeth B. Keeshan  
Elizabeth B. Keeshan Vice-President  
Printed Name  
5/16/90  
Date  
505 983-1228  
Telephone No.

OIL CON. DIV.  
OIL CONSERVATION DIVISION

Date Approved

By

Title

SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.