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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)	Other (Please explain)
New Well <input type="checkbox"/>	To show Bco as transporter and not El Paso Nat Gas Co. Bco has been the transporter for many years.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE	
Lease Name Nancy	Well No. 3
Pool Name, Including Formation Undesignated Mancos Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter N ; Feet From The Line and Feet From The Line of Section 12 , Township 24N Range 8W , NMPM, San Juan 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) P.O. Box 669 Santa Fe, N.M. 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, 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:
COMPLETION DATA Not applicable old well.

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Not applicable old 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	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

I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	APPROVED MAY 1 1972 , 19
Harry R. B... (Signature) President 5-9-72 (Date)	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.