Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico, Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088 OIL GONSER' ON DIVISION

Santa Fe, New Mexico 87504-2088

RED: /ED

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION 1 9 05

1.		TO TRA	ANSP	ORT OI	L AND NA	TURAL G					
Operator BCO, INC.								Well API No. 30-049-24989			
Address	NTA FE	NM 8	 87501				_ <u> </u>				
Reason(s) for Filing (Check proper box)	11111 12;				Oth	es (Please expl	ain) D) E	CEI	MRF		
New Well		Change in	Transpo	onter of:				S U E I	NE		
Recompletion	Oil Dry Gas							UD- 64		زل	
Change in Operator	Casinghea	d Gas	Conde	nsate				JUN1 2 1	991		
If change of operator give name and address of previous operator OIL CON. DIV.											
II. DESCRIPTION OF WELL AND LEASE						DIST. 3					
Lease Name	Well No. Pool Name, Includi				ing Formation			Sind of Lease No.			
State H		7 Lybrook Ga				State,	LG 3748				
Location											
Unit LetterF	22	255	. Feet Fre	om The	North Line and 1990			Feet From The East Line			
Service 2 Township	2 Township 23N Range 7W					, NMPM,			Rio Arriba County		
Section 2 Township 23N Range /W , NMPM, RIO ATTIDA County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Oil GIANT REFINING	X.	or Conden	isale							ens)	
Name of Authorized Transporter of Casing	P.O. BOX 256, FARMINGTON, NM 87499 Address (Give address to which approved copy of this form is to be sent)										
BCO, INC.	X or Dry Gas			135 GRANT, SANTA F							
If well produces oil or liquids,	well produces oil or liquids, Unit		Twp.	Rge.	ls gas actually	Is gas actually connected?		When? As soon as nitrogen			
give location of tanks.	F .	2 ·	23N ·	7W •	 	lo.			<u>up.</u> *		
If this production is commingled with that if IV. COMPLETION DATA	from any oth	er lease or	pool, giv	e comming!	ing order numb	er: <u>R-6</u>	929 (cor	oy attacl	ned)·		
IV. COMPLETION DATA		Oil Well		as Well	New Well	Workover	Deepen	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	XX		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	XX .	Workovei	l Sacher	<u> </u>		1	
Date Spudded	Date Compl. Ready to		Prod.		Total Depth		<u>. </u>	P.B.T.D.	·		
1/14/91	5/31/91 *				6436 .			6395			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay This			Tubing Depth 6344			
GL 6898 · Gallup · Perforations One 0.32" shot at 5304; 5312; 5322; 5428;					completion 5304			Depth Casing Shoe			
One 0.32 Shot at	5434, 54	37 , 5440	,	Deput Casing	6434						
5467: 5475,-5490 and 5502 6434 TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12 1/4" -	8 5/8" -			366'			275 .				
7 7/8"		4 1/2"			6434			1535 .			
4 " .	2 3/8".				6344						
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE					J			
OIL WELL (Test must be after re				il and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	<u> </u>					Producing Method (Flow, pump, gas lift, etc.)					
5/31/91	6/8/91 *						o thou	Choke Size			
Length of Test 24 hours -	Tubing Pressure			Casing Pressure							
Actual Prod. During Test	300 •				1000 '			18/64 > Gas- MCF			
65	Oil - Bbls.				5			1			
GAS WELL 40	l		, -		1	,		<u> </u>	240 •		
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
					2513. 5525-251727.51						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE				<u> </u>	· · · · · · · · · · · · · · · · · · ·		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					6-13-91 JUN 13 1991						
and belief.					Date	Approye c	ں ہے ل	10N RE	, 1001		
Elisabeth B. Keeshan							[]]	11/1			
Signature — ELIZABETH B. KEESHAN PRESIDENT ·					By hut Tholson						
Printed Name, / Title					Title DEPUTY OIL & GAS INSPECTOR, DIST. #3						
$\frac{ \omega }{ \omega /9}$ 505-983-1228 ·						ALCOLD UIL	a one inc	A LUIUN, DI	71. 新ジ		
Date / Telephone No.											

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 51 46.