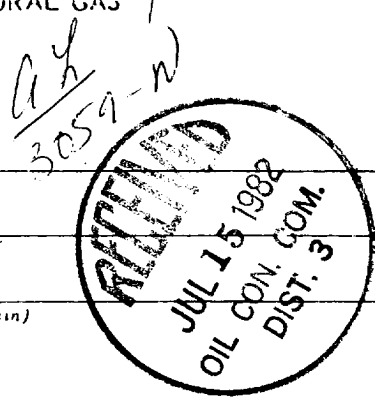


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U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

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-105
Effective 1-1-65



Operator
BCO, Inc.
Address
135 Grant, Santa Fe, New Mexico 87501
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name DUNN	Well No. 10	Pool Name, including Formation Undesignated Graneros	Kind of Lease FEDERAL State, Federal or Fee	Lease No. SF-078272
Location Unit Letter A : 600 Feet From The N Line and 660 Feet From The E Line of Section 3 Township 23N Range 7W, 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"/> BCO, Inc.	Address (Give address to which approved copy of this form is to be sent) 135 Grant, Santa Fe, New Mexico 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, New Mexico 87501					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 3	Twp. 23N	Pge. 7W	Is gas actually connected? Yes	When Approximately 6-1-82

If this production is commingled with that from any other lease or pool, give commingling order number: Case #7505, Order #R-6929

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XXX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-23-82	Date Compl. Ready to Prod. 7-3-82		Total Depth 6460		P.B.T.D. 6330			
Elevations (DF, RKB, RT, GR, etc.) GR 6890	Name of Producing Formation Graneros		Top Oil/Gas Pay 6160		Tubing Depth 6278			
Perforations 6160, 6168, 6240, 6243, 6246, 6249, 6258					Depth Casing Shoe 6457			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 K55 24.0#		294		200			
7 7/8	4 1/2 N80 11.6#		6457		1325			
	2 3/8 J55 4.7#		6278					

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 Tanks 7-3-82	Date of Test 7-14-82	Producing Method (Flow, pump, gas lift, etc.) Swab and flow	
Length of Test 24 hours	Tubing Pressure High 300 Low 0	Casing Pressure High 660 Low 0	Choke Size 16/64
Actual Prod. During Test 7-14-82	Oil-Bbls. 130	Water-Bbls. 0	Gas-MCF 130

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

VI. 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.

(Signature)
Harry R. Bigbee, President
(Title)
7-14-82
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUL 15 1982
Original Signed by FRANK T. CHAVEZ
BY _____
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.