Submit 5 Cepies
Appropriate District Office
DISTRICT 1
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
Santa Fe, New Mexico 87504-2088

2334/N

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSP	ORT OIL	AND NA	TURAL GA	IS	. 61 51		
Operator BCO, INC								API No. -049-24989		
Address 135 GRANT, SA	ANTA FE	. NM	37501	•						
Reason(s) for Filing (Check proper box)	11111111111	,			Oth	es (Piease expla	in) (D)	GEIV	EIN	
New Well		Change is	Transpo	nter of:	_		W		· · ·	ŀ
Recompletion	Oil		Dry Ga	ıs <u> </u>				JUN1 2 199	1	
Change in Operator	Casinghea	id Gas	Condet	sale _						
If change of operator give name and address of previous operator			 				OIL	CON. [NV.	
II. DESCRIPTION OF WELL	AND LE	ASE	•					DIST. 3		
Lease Name	Well No. Po			Pool Name, Including Formation				1		se No.
State H	7 Lybrook Ga		cook Ga	illup		State,	State, Foderal or For LG 37		3/48	
Location F	25	255			North	199	20 -		East	F
Unit Letter	_ :		. Feet Fro	om The	North Line	and	, Fe	et From The	Last	Line
Section 2 Townshi	p 231	1	Range	7 W	, NN	ирм,		Rio Arri	ba	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499					
GIANT REFINING · Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
BCO, INC.	gras Cas	as X or Dry Gas						E, NM 87501		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually	_	When			rogen
give location of tanks.	F	2	23N			lo.	020 (22	<u>cleans u</u>		
If this production is commingled with that IV. COMPLETION DATA	irom any oth	er lease or	pooi, giv	e commungi	ing order numo	K-0	929 (601	y attached	1)	
		Oil Well		jas Well	New Well	Workover	Deepen	Plug Back Sai	me Res'v	Diff Res'v
Designate Type of Completion		XX			XX	<u> </u>		<u> </u>		<u> </u>
Date Spudded	Date Compl. Ready to Prod. 5/31/91				Total Depth			P.B.T.D. 6395		
1/14/91 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				6436 Top Oil/Gas Pay This			Tubing Depth		
GL 6898	Gallup				completion 5304			6344		
Perforations One 0.32" shot at	5434, 5437, 5440,			Depth Casing Shoe						
5467 . 5475 . 5490	and 550	2	<u> </u>	IC ANID	CEMENTA	IC DECORE		1 64	434	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12 1/4"	8 5/8"			366'		 		275	•	
7 7/8"	4 1/2"			6434			1535			
4 11	2 3/8"			6344						
V. TEST DATA AND REQUES	T FOR A	LLOWA	RLE				<u> </u>	<u> </u>		····
OIL WELL (Test must be after re				il and must	be equal to or	exceed top allo	wable for this	depth or be for f	ull 24 hours	.)
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
5/31/91	6/8/91			swab to c			Choke Size			
Length of Test 24 hours	Tubing Pressure			Casing Pressur		•				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			18/64 Gas- MCF		
65	60 /				5			240		
GAS WELL	<u></u>		 -		L			· · · · · · · · · · · · · · · · · · ·		
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		
VI. OPERATOR CERTIFICA				CE		M COM	CEDV	ATION DI	VICIOI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					Date Approved JUN 1 3 1991					
Elipabeth B. Keeshan					Original Signed by CHARLES GHOLSON					
Signature Signature PRESIDENT ·					Ву	•	-, -,		•	
Printed Name Title					T:11-		6 63a	BECTAR SIZE	40	
Date 505-983-1228 Telephone No.						Title DEPUTY OIL & GAS INSPECTOR, DIST. #3				
Date /										

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

^{&#}x27;) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.

"I out only Sections I, II, III, and VI for changes of operator well property or purpose.