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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Energy, Minerals and Natural Resources Department

State of New Mexico

Form C-104 Revised 11-89 See In: westions at Bottom of Page

P.O. Box 2088 Santa Fe, New Mexico 87504-2088	$\pi_{\boldsymbol{\alpha}}$	JUN	014.	DIM	3018	.] 1
Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZA TO TRANSPORT OIL AND NATURAL GAS	ATION		olof.	3		

BCO, INC								api no. 0-039-2523	6 .	
Address	atimi III)D/	07501							
135 GRANT,	SANTA FE	, NM	87501							
Reason(s) for Filing (Check proper box New Well	r)	~	- -			her (Please exp	lain)			
	0.1	Change II	Transport							
Recompletion	Oil Carlanha		Dry Gas Condens							
If change of operator give name	Casinghe	au Cas	Concens	ate [_]	· · · · · · · · · · · · · · · · · · ·				 	
and address of previous operator	I AND I D	A.C.D.	•							
II. DESCRIPTION OF WEL	L AND LE	Well No.	Dool No.	me Includi	ing Formation		Vind	of Lease	1 1	ase No.
State H		8 .	1		c Gallup			Federalor Fee		748
Location		<u> </u>	.1	ybroor	Coarrap	· -		- Addition	1 20 3	
Unit LetterA	: <u> 96</u>	4	_ Feet From	m TheI	iorth · Li	ne and33	0· · F	et From The	east	Line
Section 2 Town	ship 23	<u>N · </u>	Range	7W	. , <u>N</u>	IMPM,	Rio A	rriba		County
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL AND	NATU:	RAL GAS					
Name of Authorized Transporter of Oil		or Conde		\neg	Address (Gi	ve address to w		l copy of this form		u)
GIANT REFINING.	نما				P.O. B	OX 256, I	FARMINGT	ON, NM 87	7499	
Name of Authorized Transporter of Ca	singhead Gas	X	or Dry G	28	1		• •	copy of this form		u)
BCO, INC					135 GR	-		NM 87501	•	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	_	ly connected?	When			
give location of tanks.	A ·	<u>2 ·</u>	23N·	7W ·	No	<u> </u>		en Nitroge	n clea	rs up.
If this production is commingled with the IV. COMPLETION DATA	at from any oth	er lease or	pool, give	commingl	ing order nur	iber:N	I/A .			
Designate Type of Completion	on - (X)	Oil Well	•	s Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v
Date Spudded		pl. Ready to			Total Depth	.1	. !	P.B.T.D.		<u></u>
03/09/93 ·	Date Com	05/26/			l com Depar	EC00 1	•	1	-/- ·	
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F			Top Oil/Gas	5600 Pay		Tubing Depth	<u>547 </u>	
6823 GR -	i	Gallup				5280		1	6465 ·	
Perforations One 0.39" se				20 . 25	05 - 5200			Depth Casing S		
5408; 5412; 5416; 54					0),)29(, 5293,		'		
3400, 3412, 3410, 34					CEMENT	NG RECOR	<u> </u>	<u> </u>	<u>597 ° </u>	
1101 E 617E		SING & TU			CENTENTI	DEPTH SET		SAC	KS CEME	NT
HOLE SIZE 12 1/4 .	CA			<u></u>	372 '		SACKS CEMENT 275 ·			
7 7/8 .		8 5/8 · 4 1/2 ·			5597 4		900 ·			
7 778			3/8	······································		5465			700	
		<u> </u>	// &			2/60				
V. TEST DATA AND REQU					·					
OIL WELL (Test must be after			of load oil	and must	, 				IWI 24 hour	s.)
Date First New Oil Run To Tank 05/26/93	Date of Te	ม 6/01/9:	9 .		1 -	lethod (Flow, p	uc.j			
			<u> </u>		Casing Press	ston '		Choke Size		
Length of Test 24 hours •	Tubing Pro	280 ·			1	90 ·		1	26/64"	•
Actual Prod. During Test	Oil Bhis	200			Water - Bbis			Gas- MCF	20/04	-
44 .	Oil - Bbls.	40 .				ad water]	١.		220	
		40 .			4 (10	au water	<u>,</u>		220	
GAS WELL						, , , , , , ,		18		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of Con-	iensate	
Testing Method (pitot, back pr.)	Tubing Pro	ssure (Shu	l- m)		Casing Press	ure (Shut-in)	-	Choke Size		
								<u> </u>		
VI. OPERATOR CERTIFI	CATE OF	COMF	PLIANC	CE	 	011 001	JOED!	ATION : ::		N I
I hereby certify that the rules and re-	gulations of the	Oil Conser	vation		'	OIL COI	NOEH A	ATION DI	M210	N
Division have been complied with a			en above				i	IIN 9100	13	
is true and complete to the best of m	y knowledge a	na Delief.			Date	Approve	ed	<u>UN 2199</u>	,J	
James P. Bon	net					• •	7	\	/	•
Signature ELIZABETH B. KEESHA		RESIDEN	лт ·		By_		المندف) The	/	
Printed Name	., £1	1471	Title		[] <u> </u>		SUPERV	ISOR DIST	RICT #	3
6/1/93	5.0	05-983-		•	Title					
Date			phone No.		1					
			-	النابات الناف	<u></u>					

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.