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

PIECO IACM INICXICO 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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

I.	RE	QUEST TO TE	TOH AL	LOW DRT (JII VYID Y WOLE WN	NATURAL	RIZATIO	N		
Operator					JIL MILD I	MIUNAL		Vell API No.		
BCO, Inc.								30043051	64	
135 Grant, Santa	Fe. NM 8	7501 ·					······			
Reason(s) for Filing (Check proper	r bax)	7301				Other (D)				
New Well		Change	in Transport	er of:	U '	Other (Please e	tplain)			
Recompletion Change in Operator	Oil	k	Dry Gas]					
If change of operator give name	Casingl	ead Gas	Condens	ale 🗌						
and address of previous operator									· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF W	ELL AND L	FACE								
Lease Name		Well No.	Pool Nam	e. Inclu	ding Formatio	- <u></u>	1 22:	1.61		
	C .					" P		d of Lease Lease No. te, Federal ox Fee NM 6681		
Location						· · · · · · · · · · · · · · · · · · ·		•	1.1.1 00	
Unit Letter P	:	660	_ Feet From	The	south L	ne and	660	Feet From The	east	
Section 31 To	mmalin 0	227							case	Li
		3N	Range	<u> 7</u>	<u></u>		Sandova	·		County
III. DESIGNATION OF T	RANSPORTI	ER OF O	IL AND	NATI	IRAL GAS					
or remonited transporter of	Oil XX	or Conder	isale	7	Address (Gi	ve address to w	hich approv	ed copy of this fo	orm is to be sent)	
Giant Refining			·	<i></i>	P.O. B	ox 256,	Farming	ton, NM	87499	
Name of Authorized Transporter of (BCO, Inc.	Casinghead Gas	EXZ!	or Dry Gas		Address (Gi	ve address to w	hich approv	ed copy of this fo	rm is to be sent)	
If well produces oil or liquids,	Unit	Sec.	Twp.	D.,	135 Gr.	ant, Sani	ta Fe,	NM 87501		
ive location of tanks.	Ρ.	31	23N	Rge. 7W	1	y connected? Yes	Whe	n ? Dec 77		
this production is commingled with	that from any oth	er lease or p	pool, give co	mminei	ing order num	ber:		Dec 77		
V. COMPLETION DATA		·								
Designate Type of Complete	ion - (X)	Oil Well	Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v Dif	f Res'v
Date Spudded		ol. Ready to			7-4-1 B	<u></u>	<u> </u>	<u>i</u> i		
•	Jane Comp	A. Ready IU	rioa.	1	Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation		Top Oil/Gas F	ay				
erforations							Tubing Depth			
								Depth Casing	Shoe	
· · · · · · · · · · · · · · · · · · ·	77	IDDIC C	A CD IC							
HOLE SIZE	CAS	ING & TUB	ASING A	IND C		G RECORI)			
		100	NING SIZE	 		DEPTH SET		SA	CKS CEMENT	
								ļ		
TEST DATA AND REQUI	FOT FOR AL	LOWIE						 		
L WELL (Test must be after	EST FUR AL	LUWAE	SLE Januari	. •					<u> </u>	
L WELL (Test must be after the First New Oil Run To Tank	Date of Test	· volume of	ioda ou ana	musi be	roducing Met	icceed top allow od (Flow, pum	able for this	dep b for	P Propost	
				1	rounding mou	iod (Flow, pun	p, gas iyi, ei			ا ڪ
igth of Test	Tubing Design									
	Tubing Press	nie		اح	asing Pressure			Choke Size	1.0 6 1000	
		ure		_				Choke Size	L 0 6 1989	
ual Prod. During Test	Oil - Bbls.			_	asing Pressure /ater - Bbls.				L 0 6 1989 CON. DI	Δ
ual Prod. During Test		ure		_				Gas-MCF (V
	Oil - Bbls.			W	/ater - Bbls.			Gas-MCF (CON. DI	Δ
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ual Prod. During Test	Oil - Bbls.	ı		BE	ater - Bbis.	-/MMCF		Gas- MCF (CON. DI DIST. 3	V
usi Prod. During Test AS WELL usi Prod. Test - MCF/D ng Method (pitot, back pr.)	Oil - Bbls. Length of Tes Tubing Pressu	t re (Shut-in)		BE	/ater - Bbls.	-/MMCF		Gas-MOH (CON. DI DIST. 3	V
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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

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