

|                  |                |
|------------------|----------------|
| DISTRIBUTION     |                |
| SANTA FE         | /              |
| FILE             | /              |
| U.S.G.S.         |                |
| LAND OFFICE      |                |
| TRANSPORTER      | OIL /<br>GAS / |
| OPERATOR         | /              |
| PRORATION 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  
Effective 1-1-55

Operator  
Bco, Inc.

Address  
P.O. Box 669, Santa Fe, New Mexico 87501

|                                              |                                                                                        |
|----------------------------------------------|----------------------------------------------------------------------------------------|
| Reason(s) for filing (Check proper box)      | Other (Please explain)                                                                 |
| New Well <input type="checkbox"/>            | Change in Transporter of:                                                              |
| Recompletion <input type="checkbox"/>        | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>                          |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|                         |                 |                                                  |                                                      |
|-------------------------|-----------------|--------------------------------------------------|------------------------------------------------------|
| Lease Name<br>Federal C | Well No.<br>2   | Pool Name, Including Formation<br>Alamito Gallup | Kind of Lease<br>Fed NM6681<br>State, Federal or Fee |
| Location                |                 |                                                  |                                                      |
| Unit Letter<br>I        | 2310            | Feet From The<br>South                           | Line and<br>790                                      |
| Line of Section<br>31   | Township<br>23N | Range<br>7W                                      | N.M.P.M.<br>Sandoval                                 |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |            |             |            |                                   |                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------|-------------|------------|-----------------------------------|--------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |            |             |            |                                   |                          |
| BCO, Inc.                                                                                                                | P. O. Box 669 Santa Fe, New Mexico 87501                                 |            |             |            |                                   |                          |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |            |             |            |                                   |                          |
| BCO, Inc.                                                                                                                | P. O. Box 669 Santa Fe, New Mexico 87501                                 |            |             |            |                                   |                          |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit<br>P                                                                | Sec.<br>31 | Twp.<br>23N | Rge.<br>7W | is gas actually connected?<br>Yes | When<br>Approx. 12/15/77 |

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

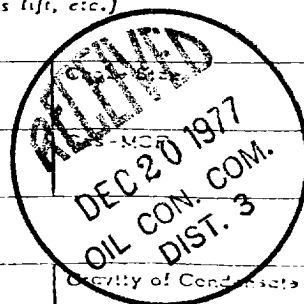
|                                    |                             |          |                 |          |        |                   |             |       |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|-------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v. | Diff. |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |             |       |
| Pool                               | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |             |       |
| Perforations                       |                             |          |                 |          |        | Depth Casing Shoe |             |       |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of land oil and must be equal to or exceed to be for this depth or be for full 24 hours)

|                                 |                 |                                               |  |
|---------------------------------|-----------------|-----------------------------------------------|--|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |  |
| Length of Test                  | Tubing Pressure | Casing Pressure                               |  |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   |  |



GAS WELL

|                                  |                 |                       |                       |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test  | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure | Casing Pressure       | Choke Size            |

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.

Rita C. Lawell  
(Signature)  
Secretary

(Title)

OIL CONSERVATION COMMISSION

DEC 20 1977

APPROVED \_\_\_\_\_, 19

Original Signed by A. R. Kendrick

BY \_\_\_\_\_ SUPERVISOR DIST. #0

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or d.  
well, this form must be accompanied by a tabulation of the d.  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely fo  
able on new and recompleted wells.