

Appropriate District Office  
DISTRICT I  
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

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

**I. OPERATOR**

Operator BCO, Inc.	Well API No. 3004320081
Address 135 Grant, Santa Fe, NM 87501	
Reason(s) for Filing (Check proper box)	
New Well <input type="checkbox"/>	Other (Please explain) <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Change in Transporter of:
Change in Operator <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Federal C	Well No. 2	Pool Name, including Formation Alamito Gallup	Kind of Lease State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/>	Lease No. NM 6681
Location				
Unit Letter <u>I</u> : <u>2310</u> Feet From The <u>south</u> Line and <u>790</u> Feet From The <u>east</u> Line				
Section <u>31</u> Township <u>23N</u> Range <u>7W</u> , NMPM, Sandoval 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"/>	Address (Give address to which approved copy of this form is to be sent)			
Giant Refining	P.O. Box 256, Farmington, NM 87499			
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.	135 Grant, Santa Fe, NM 87501			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 31	Twp. 23N	Rge. 7W
	Is gas actually connected? Yes		When? Dec 77	

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	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

**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)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size JUL 06 1989
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	GAS - MCF OIL CON. DIV DIST 3

**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

**I. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*James P. Bennett*  
Signature  
James P. Bennett Office Manager  
Title  
6/30/89 983-1228  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved JUL 06 1989

By *[Signature]*

Title SUPERVISOR DISTRICT # 3

**RECEIVED**  
JUL 06 1989  
OIL CON. DIV  
DIST 3

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

- 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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number.