

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

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

# OIL CONSERVATION DIVISION

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

3012 N

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

Operator BCO, INC.	Well API No. 30-043-20867
Address 135 GRANT, SANTA FE, NM 87501	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> . Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

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DIST. 3

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal B	Well No. 12.	Pool Name, Including Formation Lybrook Gallup	Kind of Lease State, Federal or Foreign	Lease No. NM-6682
Location Unit Letter G : 2270 Feet From The north Line and 1650 Feet From The east Line Section 27 Township 23N Range 7W , NMPM, Sandoval County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil GIANT REFINING	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499				
Name of Authorized Transporter of Casinghead Gas BCO, INC.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 135 GRANT, SANTA FE, NM 87501				
If well produces oil or liquids, give location of tanks.	Unit 18	Sec. 27	Twp. 23N	Rge. 7W	Is gas actually connected? NO	When? AS SOON AS NITROGEN RECOVERED

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/14/92	Date Compl. Ready to Prod. 5/07/92	Total Depth 5805	P.B.T.D. 5760					
Elevations (DF, RKB, RT, GR, etc.) GL: 7308	Name of Producing Formation GALLUP	Top Oil/Gas Pay 5278	Tubing Depth 5648					
Perforations ONE 0.38" SELECT FIRE SHOT- 5278; 5444; 5448; 5452; 5560; 5566; 5569; 5570; 5574; 5589; 5614; 5630; 5646; 5658; 5662.	Depth Casing Shoe 5803							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24# J-55		365		275			
7 7/8"	4 1/2" 11.6# J-55		5803		800			
4"	2 3/8" 4.7# J-55		5648					

### 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 or be for full 24 hours.)

Date First New Oil Run To Tank 5/07/92	Date of Test 5/12/92	Producing Method (Flow, pump, gas lift, etc.) GAS LIFT	
Length of Test 24 HOURS	Tubing Pressure 230	Casing Pressure 570	Choke Size 25/64
Actual Prod. During Test 54	Oil - Bbls. 38	Water - Bbls. 16 - RECOVERED FRAC WATER	Gas - MCF 200

### 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

### VI. 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.

Elizabeth B. Keesman  
Signature  
ELIZABETH B. KEESMAN  
Printed Name  
5/13/92  
Date  
PRESIDENT  
Title  
505-983-1228  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved MAY - 7 1992

By [Signature]  
Title SUPERVISOR DISTRICT #3

### 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.