

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L

Operator		Well API No.	
BCO, Inc.		3004520950	
Address			
135 Grant, Santa Fe, NM 87501			
Reason(s) for Filing (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas	<input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate	<input type="checkbox"/>
If change of operator give name and address of previous operator			

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Federal	D	Well No.	2	Pool Name, including Formation	Nageezi Gallup	Kind of Lease	State Federal or Fee	Lease No.	NM 8005
Location										
Unit Letter	J	:	1650	Feet From The	east	Line and	1980	Feet From The	south	Line
Section	1	Township	23N	Range	9W	, NMPM,	San Juan			County

II. 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	
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	J	1	23N	9W	No	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
ate Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
rforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

L 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.)

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

ual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ing Method (<i>pilot, back pr.</i>)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OPERATOR CERTIFICATE OF COMPLIANCE

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
Printed Name Title
6/30/89 983-1228
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 11 JUL 06 1989

By Eric J. Chang
SUPERVISION DISTRICT # 3

Title_____

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.