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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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BCO, INC.		Well API No. 30-045-28456
Address 135 GRANT, SANTA FE, NM 87501		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
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"/>	

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MAY 09 1991

If change of operator give name and address of previous operator

OIL CON. DI
DIST. ?

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal D	Well No. 5	Pool Name, including Formation South Bisti Gallup Extended.	Kind of Lease State, Federal or Free	Lease No. NM-8005
Location Unit Letter E : 2190 Feet From The north Line and 450 Feet From The west Line Section 10 Township 23N Range 9W NMPM San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate GIANT REFINING	<input checked="" 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	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit E Sec. 10 Twp. 23N Rge. 9W	Is gas actually connected? No When? Not known at this time

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 3/8/91	Date Compl. Ready to Prod. 5/1/91	Total Depth 5040	P.B.T.D. 4978					
Elevations (DF, RKB, RT, GR, etc.) 6878 GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 4517	Tubing Depth 4900					
Perforations One 0.32" Select fire shot 4517; 4718; 4820; 4826; 4832; 4854; 4864; 4880; 4904; 4910; 4916; 4927; Inadvertantly at 4940							Depth Casing Shoe 5039	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4"	8 5/8"		363'			225		
7 7/8"	4 1/2"		5039'			1065		
4 1/2"	2 3/8"		4900'					

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 5/2/91	Date of Test 5/5/91	Producing Method (Flow, pump, gas lift, etc.) Flow For test - on pumpjack to produce	
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure 80	Choke Size 18/64
Actual Prod. During Test 76 barrels	Oil - Bbls. 72	Water - Bbls. 4	Gas - MCF 50

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.

Signature Elizabeth B. Keeshan
ELIZABETH B. KEESHAN PRESIDENT
Printed Name _____ Title _____
Date 5/7/91 505-983-1228
Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved MAY 01 1991
By Original Signed by FRANK T. CHAVEZ
Title SUPERVISOR DISTRICT # 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, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.