

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

5 OCC-Aztec; 1 BLM-Farmington; 1 HLB

7 Copies

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
ANDForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3003/R  
9-12-83  
RECEIVED  
SEP 8 - 1983  
OIL CON. DIV.  
DIST. 3

Operator		BCO, Inc.	
Address		135 Grant, Santa Fe, NM 87501	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE (Federal 9-21-83)

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	SF Lease No.
Escrito Gallup Unit	24	Escrito Gallup	State, Federal or Fee Federal	078924-A
Location				
Unit Letter <u>F</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>1700</u> Feet From The <u>West</u>				
Line of Section <u>21</u> Township <u>24N</u> Range <u>7W</u> , NMFM, <u>Rio Arriba</u> 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)	
BCO, Inc.	135 Grant, Santa Fe, NM 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.	135 Grant, Santa Fe, NM 87501	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	C	21
		24N
		7W
Is gas actually connected?	When	
Yes	8/30/83	

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.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
7/29/83	8/30/83	6080'		6051'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
GR 7103'	Gallup	5714'		5960'				
Perforations One 3 1/8" select fire shot at 5714, 5726, 5776, 5782, 5806 1/2, 5905, 5914, 5920, 5926, 5943, 5954 - Diameter of shot .32"				Depth Casing Shoe				
				6077'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" J-55 24.0#		208'		140 sacks			
7 7/8"	4 1/2" N80 11.6#		6080'		1525 sacks			
4 1/2"	2 3/8" J-55 4.7#		5960'		none			

## 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8/30/83	9/5/83	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	60	420	19/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
9/5/83	98	42 - frac	392

## 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. 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.

Harry R. Bigbee, President  
(Title)September 6, 1983  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED SEP 8 - 1983, 19 \_\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.