

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

3095 / N

Operator BCO, Inc.	
Address 135 Grant Avenue, Santa Fe, New Mexico 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

RECEIVED  
JUL 17 1985  
OIL CON. DIV.  
DIST. 3

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name Lybrook 7-27	Well No. 2	Pool Name, including Formation Escrito Gallup	Kind of Lease State, Federal or Fee Federal SF
Lease No. -078562			
Location			
Unit Letter I	860 Feet From The East Line and 1810 Feet From The South		
Line of Section 27	Township 24 North	Range 7 West	NMPM, Rio Arriba County

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 Avenue, Santa Fe, New Mexico 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 Avenue, Santa Fe, New Mexico 87501		
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 27	Twp. 24N
			Pge. 7W
	Is gas actually connected?		When
	Yes		7/12/85

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>
	XX		XX
Date Spudded June 1, 1985	Date Compl. Ready to Prod. 7/11/85	Total Depth 5742	P.B.T.D. 5721
Elevations (DF, RKB, RT, GR, etc.) 6835 GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 5382	Tubing Depth 5579
Perforations One 3 1/8" .32" select fire shot at 5600, 5578, 5574, 5570, 5566, 5562, 5454, 5436, 5432. Two 3 1/8" .32" select fire shots at 5386 and 5382.			Depth Casing Shoe 5739
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET
12 1/4"	8 5/8	24#	225'
7 7/8"	4 1/2	11.60#	5739'
4 "	2 3/8	4.7 #	5579
			SACKS CEMENT
			180 Class B
			1475 Class H
			None

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 7/11/85	Date of Test 7/15/85	Producing Method (Flow, pump, gas lift, etc.) Gas lift	
Length of Test 24 Hours	Tubing Pressure 500 to 475	Casing Pressure 675 to 600	Choke Size 21/64
Actual Prod. During Test 5/15/85	Oil - Bbls. 49	Water - Bbls. 12 frac	Gas - MCF 98

GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		JUL 17 1985	
Elizabeth B. Keeshan Elizabeth B. Keeshan Comptroller		APPROVED	
(Title)		BY Original Signed by FRANK T. CHAVEZ	
July 17, 1985		SUPERVISOR DISTRICT # 3	
(Date)		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.	