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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 1-1-85

3086/n

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JUL 01 1985
OIL CON. DIV.
DIST. 3

I. Operator
BCO, Inc.

Address
115 Grant Avenue, Santa Fe, New Mexico 87501

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 3-21	Well No. 5	Pool Name, including Formation Escrito Gallup	Kind of Lease State, Federal or Fee Federal NM	Lease No. -0557390
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Location
Unit Letter L : 250 Feet From The West Line and 2040 Feet From The South
Line of Section 21 Township 24 North Range 7 West, NMPM, Rio Arriba 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"/> BCO, Inc.	Address (Give address to which approved copy of this form is to be sent) 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"/> BCO, Inc.	Address (Give address to which approved copy of this form is to be sent) 135 Grant Avenue, Santa Fe, New Mexico 87501					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 21	Twp. 24N	Pge. 7W	Is gas actually connected? Yes	When 6/27/85

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5/14/85	Date Compl. Ready to Prod. 6/19/85		Total Depth 6204'		P.B.T.D. 6175'			
Elevations (DF, RKB, RT, GR, etc.) 7285 GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 5870'		Tubing Depth 6086'			
Perforations One 3 1/8" Select fire shot at 6099, 6082, 6077, 6072, 6067, 6061, 5964, 5942, 5937, 5932, 5876, 5870					Depth Casing Shoe 6201			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 24#	221	165 Sacks Class B
7 7/8	4 1/2 11.60	6201	1675 Sacks Class H
4	2 3/8 4.70	6086	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 6/19/85	Date of Test 6/26/85	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 575 to 520	Casing Pressure 725 to 575	Choke Size 30/64
Actual Prod. During Test 6/26/85	Oil-Bbls. 38	Water-Bbls. 13 Frac	Gas-MCF 78

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

Elizabeth B. Keeshan
Comptroller
June 27, 1985

OIL CONSERVATION COMMISSION
JUL - 1 1985

APPROVED
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

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.