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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BCO, Inc.	Well APN No. 30-039-24601
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"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bobby B	Well No. 3	Pool Name, Including Formation Escrito Gallup	Kind of Lease State, Federal or Ree	Lease No. SF-078534
Location Unit Letter <u>E</u> : <u>1850'</u> Feet From The <u>north</u> Line and <u>930'</u> Feet From The <u>west</u> Line Section <u>31</u> Township <u>24N</u> Range <u>6W</u> , <u>NMPM</u> , <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"/> Giant Refining	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 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, Santa Fe, NM 87501					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 24	Twp. 24N	Rge. 6W	Is gas actually connected? Yes	When? 5/16/90

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2/6/90	Date Compl. Ready to Prod. 5/9/90		Total Depth 5650		P.B.T.D. 5593			
Elevations (DF, RKB, RT, GR, etc.) 6718	Name of Producing Formation Gallup		Top Oil/Gas Pay 5264		Tubing Depth 5433			
Perforations 5264-5462					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 23#		229		155			
7 7/8"	4 1/2" 11.6#		5640		1140			
4 1/2"	2 3/8" 4.7#		5433					

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 5/10/90	Date of Test 5/15/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 435	Casing Pressure 490	Choke Size 17/64
Actual Prod. During Test 25	Oil - Bbls. 22	Water - Bbls. 3 bbls frac water	Gas- MCF 297

GAS WELL W/80.56

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Grainy 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 Vice-President
Printed Name 5/16/90 Title 505 983-1228
Date Telephone No.

OIL CON. DIV
DIST. 3
Date Approved MAY 10 1990
By [Signature]
Title SUPERVISOR DISTRICT

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 changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.