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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR	/	
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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-110  
Effective 1-1-65

Operator		Bco, Inc.	
Address			
615 W. Fremont Drive Littleton Colo. 80120			
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

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Escrito Gallup Unit	19	Escrito Gallup	State, Federal or Fee Fed
Location			Lease No.
Unit Letter I ; 710' Feet From The E Line and 1650 Feet From The SL			NM-087657
Line of Section 13 Township 24N Range 8W, NMPM, San Juan County			

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)	
		615 W Fremont Dr Littleton Colo. 80120	
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/>	or Dry Gas	<input type="checkbox"/>
El Paso Nat Gas Co.		Address (Give address to which approved copy of this form is to be sent)	
		El Paso Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	I	13	24N
			8W
Is gas actually connected?	When		
Yes	7-15-70		

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
X	X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-24-70	7-7-70	5912	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
GR	EX Gallup	5629	5880
Perforations	Depth Casing Shoe		
5822-17; 5726-23; 5694-92; 5635-29;	5910		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Surface	Set by previous operator, commission has details		
7 7/8"	4 1/2"	5910	200 Hal light
4 1/2"	2 3/8"	5880	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of OIL WELL able 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.)	
7-15-70	7-15-70	pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	40#	400	Open
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
7-15-70	45	None	135

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

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. Bigham  
(Signature)  
Vice President  
(Title)

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1970, 19  
BY Original Signed by Emery C. Arnold  
TITLE SUPERVISOR DIST. #3

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.