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TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
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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 P.O. Box 669 Santa Fe, N.M. 87501	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in XXXXXXXX Operator	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of XXXXXXXX Operator and address of previous owner Harry L. Bigbee P.O. Box 669 Santa Fe, N.M. 87501	

DESCRIPTION OF WELL AND LEASE			
Lease Name Nancy	Well No. 4	Pool Name, including Formation Undesignated Mancos-Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter F ; 2310 Feet From The North Line and 1980 Feet From The West Line of Section 12 , 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) P.O. Box 669 Santa Fe, N.M. 87501					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Nat Gas Co (Bco gathering line)	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 J	Sec. 12	Twp. 24N	Rge. 8W	Is gas actually connected? Yes	When ?

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	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil- Bbls.	Water- Bbls.

Choke Size
FEB 28 1972
Gas-MCF
OIL CON. COM.
DIST. 3

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.	APPROVED FEB 28 1972 , 19
Harry L. Bigbee President 2-25-72 (Signature) (Title) (Date)	BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #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 Sections I, II, III, and VI only 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.

