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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-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 checked="" 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"/>

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	Lease No.
Nancy	4	Dufers Point Gallup-Dakota	State, Federal or Fee Fed	NM-0557389
Location				
Unit Letter	F	2310 Feet From The	N Line and	1980 Feet From The
				W
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"/>	Address (Give address to which approved copy of this form is to be sent)					
Bco, Inc.	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Bco, Inc.	P.O. Box 669 Santa Fe, N.M. 87501					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	12	24N	8W	Yes	?

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

NO

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XXXX			XXXX				
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3-6-67	7-16-78 (Workover)		7257		7063 10-11-68			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
7287 Gr	Gallup-Dakota		6179		6980			
Perforations					Depth Casing Shoe			
Gallup 6179-6203, 6208-6230 Dakota 6883-6927 6950-6986					7257			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		363		185			
7 7/8	4 1/2		7257		650			
4 1/2	2 3/8		6880		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)

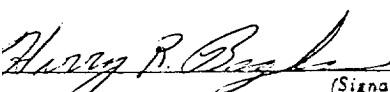
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-25-78	9-18-78	Piston	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	585 to 0 to 500	685 to 550	OPEN
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
9-18-78	3	0	15

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

  
(Signature)

President

(Title)

9-22-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

Original Signed by A. R. Kendrick

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.

