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ppropriate District Office
STRICT I
O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, . \_\_aerals and Natural Resources Department

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

## **OIL CONSERVATION DIVISION**

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

STRICT III 00 Rio Brazos Rd., Aztec, NM 87410

perator

STRICT II O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BCO, Inc.								3004525752			
dress	E- 10/ 0	7501					1		<del></del>		
135 Grant, Santa son(s) for Filing (Check proper bo		7201			<del>                                      </del>	ah an /Pri	, , , _ <u>_</u>				
w Well	~)	Change in	n Transco	orter of	<b>x</b> 0	ther (Please exp	pl <b>ain)</b> Ui	nange in Ta	ink Bat	tery	
completion	Oil		Dry G								
inge in Operator	Casingh	ead Gas 🔲	Conde								
lange of operator give name address of previous operator					<del></del>						
	T AND TE	1400					-	·		<del></del>	
DESCRIPTION OF WEL	L AND LE	Well No.	Dool M	ama Isalu	ding Formation		T ===				
Nancy	5	Dufe	ers Po	int Gallup-Dakota			Kind of Lease Sime, Federal or Reex		Lease No. NM-0557389		
ation		1000	<u> </u>		<del></del>						
Unit LetterK	<u> </u>	1900	. Feet Fn	om The _	south Li	$\frac{1}{2}$	970	Feet From The	wes	t Line	
Section 12 Town	••	24N	_ ,		8W .						
Section 12 Town	ship '	2411	Range		<u>, N</u>	IMPM,	Sa	in Juan		County	
DESIGNATION OF TRA	NSPORTE	ER OF OI	IL ANI	D NATE	JRAL GAS						
e of Authorized Transporter of Oil	XX	or Conden			Address (Gi	ve address to w	hich approv	ed copy of this form	n is to be s	ent)	
iant Refining	<del></del>							ton, NM 8			
co. Inc.	ingnead Gas	XX	or Dry (	Gas	Address (Gi	we address to w	hich approv	ed copy of this form	n is to be s	ent)	
ell produces oil or liquids, Unit		Sec. Twp. Rge.			135 Grant, Santa Fe, N						
ocation of tanks.	K	12	24N	8 W	Yes			10/83			
production is commingled with the	at from any oth	er lease or p	ool, give	comming	ling order num	iber:				<del> </del>	
COMPLETION DATA	<del></del>	1		-	- <sub>1</sub>						
esignate Type of Completio	n - (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Spudded		pl. Ready to	Prod.		Total Depth	L		P.B.T.D.	<del></del>	<u> </u>	
	1	•						P.B.1.D.			
tions (DF, RKB, RT, GR, etc.)	Name of P	roducing For	mation		Top Oil/Gas	Pay	<del></del>	Tubing Depth		<del></del>	
rations											
								Depth Casing S	hoe		
		UBING. C	CASIN	G AND	CEMENTI	NG RECOR	<u>r)</u>				
HOLE SIZE CASING &					DEPTH SET			SACKS CEMENT			
	<del>- </del>				····						
			<del></del>								
EST DATA AND REQUE	ST FOR A	LLOWA	BLE		l				<del></del>	<del></del>	
WELL (Test must be after	recovery of to	al volume of	load oil	and must	be equal to or	exceed top allo	wable for th	is depth or be for f	ull 24 hour	s.)	
irst New Oil Run To Tank	Date of Tes	t			Producing Me	thod (Flow, pu	np, gas lift,	etc.)			
of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size	Choke Size		
	1.00.00	ruong riessuic			Casing Literation			Sections and the section of the sect			
Prod. During Test					Water - Bbis.			Gas- MCF			
		·						(2)	a CU	N. DIV	
WELL										1. 3	
Prod. Test - MCF/D	Length of Test				Bbls. Conden	sate/MMCF		Gravity of Cond	Gravity of Condensate		
Method (pitot, back pr.)	sure (Shut-in	re (Shut in)			Casing Pressure (Shut-in)						
, and the same of	Tooling 11co	ouic (Situt-III	1)		Casing Pressu	re (Shut-in)		Choke Size		•	
PERATOR CERTIFIC	ATE OF	COMPL	IANC	'F	<u></u>	·					
reby certify that the rules and regul	ations of the C	)il Conservat	tion		C	IL CON	SERV.	ATION DI	VISIO	N	
ision have been complied with and ue and complete to the best of my	that the inform	nation given	above	1				~	ct co A		
	KIIOWICUSE AIK	. Deliel.			Date	Approved	n	EC 08 1989	ec u	8 1989	
Elisaleth 1	3. Keo-	S. A.		1			•	20 00 1005			
sture Fligsboth B. Varel		-1			By		7	A			
Elizabeth B. Keesha	m Vic	ce-Pres					·· <del>·</del>				
ted Name 12/5/89		983-	1228		Title_		UPERV	isor Distri	CT 13		
		Telepho	one No.								
STDICTIONS, THE											
NSTRUCTIONS: This form Request for allowable for with Rule 111.	n is to be fi newly drille	d or deep	npliance ened w	e with R ell must	ule 1104 be accompa	anied by tabu	ılation of	deviation tests	taken in	accordance	

All sections of this form must be filled out for allowable on new and recompleted wells.

) Fill out only Sections I. II. III. and VI for changes of operator, well name of number transposition of the said him and