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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-
Effective 1-1-65

Operator

Bco, Inc.

Address

P.O. Box 669, Santa Fe, New Mexico 87501

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:			
Recompletion	☒	Oil	☐	Dry Gas	☒
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

Other (Please explain)

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
Dunn	1	Basin Dakota	State, Federal or Fee: Federal

Location

Unit Letter M ; 660 Feet From The S Line and 660 Feet From The W

Line of Section 10 , Township 23N Range 7W , NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	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 ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
BCO, Inc. (NORTH LYBROOK GATHERING)	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
	M	10	23N	7W	Yes	12-1-77

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 Res'v.	Diff. Re
		X			X	X		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Deepen 3-1-77	12-1-77	6800	6649
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Basin	Dakota	6600	6616
Perforations			**Depth Casing Shoe**
6600-6620 (Upper Graneros)			6753

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Surface ?	?	0-170	See original Completion
?	5 1/2"	0-5900	" " "
4 3/4	3 1/2" upset	0-6753	50 sacks up backside
			300 down annulus

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 allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
16	24 hrs.	52 per 1000 MCF (Based on last gauge)	45
Testing Method (pitot, back pr.)	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Gas Meter	Start 1390 End 1300	Start 1745 End 1300	3/4"

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 Boyle
(Signature)

President
(Title)

6-1-78

OIL CONSERVATION COMMISSION

APPROVED JUN 27 1978, 19

BY Original Signed by A. R. Kendrick

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 deep well, this form must be accompanied by a tabulation of the devi tests taken on the well in accordance with RULE 111.

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

Fill out Sections I, II, III, and VI only for changes of o