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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION 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	135 Grant, Santa Fe, New Mexico 87501		
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"/>	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.
DUNN	10	Lybrook Gallup	FEDERAL State, Federal or Fee	SF-078272
Location				
Unit Letter	A	600 Feet From The	N Line and	660 Feet From The
Line of Section	3	Township	23N	Range
			7W	NMPM, Rio Arriba 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.	135 Grant, Santa Fe, New Mexico 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.	135 Grant, Santa Fe, New Mexico 87501					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	3	23N	7W	Yes	Approximately 6-1-82

If this production is commingled with that from any other lease or pool, give commingling order number: Case #7505, Order #R-6929

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
XX			XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
5-23-82	7-23-82		6460		6330			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
GR 6890	Lybrook Gallup		5286		6252			
Perforations	5286, 5290, 5294, 5306, 5374, 5409, 5413, 5417, 5421, 5437, 5453, 5472				Depth Casing Shoe			
					6457			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 K55 24.0#		294		200			
7 7/8	4 1/2 N80 11.6#		6457		1325			
	2 3/8 J55 4.7#		6252		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.)	
7-23-82	7-28-82	Gas lift	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	300	765	21/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
7-28-82	72	0	360

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.

Harry R. Bigbee
(Signature)
Harry R. Bigbee, President
(Title)
7-28-82
(Date)

OIL CONSERVATION COMMISSION
JUL 28 1982
APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 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 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.