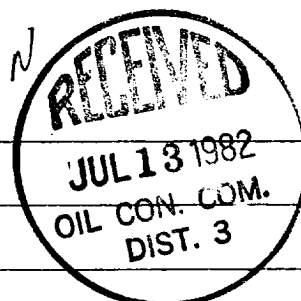


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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name DUNN	Well No. 9	Pool Name, Including Formation Lybrook Gallup	Kind of Lease FEDERAL State, Federal or Fee	Lease No. SF-078272
Location				
Unit Letter B	990	Feet From The N	Line and 2240	Feet From The E
Line of Section 3	Township 23N	Range 7W	, NMPM, Rio Arriba County	

III. 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) 135 Grant, Santa Fe, New Mexico 87501			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> BCO, Inc.	Address (Give address to which approved copy of this form is to be sent) 135 Grant, Santa Fe, New Mexico 87501			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 3	Twp. 23N	Pge. 7W
	Is gas actually connected?		When 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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 5-10-82	Date Compl. Ready to Prod. 6-22-82		Total Depth 6460		P.B.T.D. 6335			
Elevations (DF, RKB, RT, GR, etc.) GR 6922	Name of Producing Formation Lybrook Gallup		Top Oil/Gas Pay 5314		Tubing Depth 5560			
Perforations 5314, 5320, 5326, 5340, 5406, 5440, 5444, 5448, 5452, 5485, 5505, 5526, 5542, 5554					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 sacks			
7 7/8	4 1/2	N-80 11.6	6457		1100 sacks			
4 1/2	2 3/8	J55 4.70	5560		None			

V. 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 6-22-82	Date of Test 6-28-82	Producing Method (Flow, pump, gas lift, etc.) Gas Lift	
Length of Test 24 hours	Tubing Pressure 125	Casing Pressure 395	Choke Size 13/64
Actual Prod. During Test 6-28-82	Oil - Bbls. 27	Water - Bbls. 0	Gas - MCF 250

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

VI. 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)  
7-12-82  
(Date)

OIL CONSERVATION COMMISSION

JUL 13 1982

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

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.