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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

A &
 3056-N



Operator
 BCO, Inc.

Address
 135 Grant, Santa Fe, New Mexico 87501

Reason(s) for filing (check proper box)

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

Other (Please explain)

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 <u>B</u> ; <u>990</u> Feet From The <u>N</u> Line and <u>2240</u> Feet From The <u>E</u> Line of Section <u>3</u> Township <u>23N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> 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	Rge. 7W
Is gas actually connected? When	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

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'v.	Diff. Res'v.
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
 Harry R. Bigbee, President
 7-12-82

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.