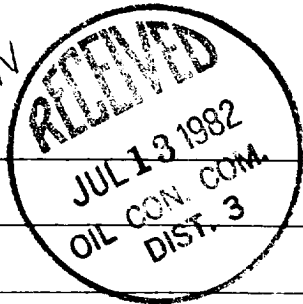


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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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-105
Effective 1-1-65



Operator
BCO, Inc.
Address
135 Grant, 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name DUNN	Well No. 9	Pool Name, Including Formation Undesignated Graneros	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 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) XX	Oil Well XX	Gas Well XX	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-10-82	Date Compl. Ready to Prod. 6-6-82 6-22-82	Total Depth 6460	P.B.T.D. 6335					
Elevations (DF, RKB, RT, CR, etc.) GR 6922	Name of Producing Formation Undesignated Graneros	Top Oil/Gas Pay 6184	Tubing Depth 6300					
Perforations 6184, 6194, 6256, 6258, 6260, 6262, 6274, 6296						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 4.7	6300					

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 6-6-82	Date of Test 7-2-82	Producing Method (Flow, pump, gas lift, etc.) Gas Lift	
Length of Test 7-2-82	Tubing Pressure 625 to 575	Casing Pressure 575 to 500	Choke Size 3/4
Actual Prod. During Test 7-2-82	Oil-Bbls. 25	Water-Bbls. 0	Gas-MCF 25

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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
APPROVED JUL 13 1982, 19
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 1
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.