

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3159/11

RECEIVED  
AUG 19 1988  
OIL CON. DIV  
DIST. 3

I. Operator  
BCO, Inc.

Address  
135 Grant Avenue, Santa Fe, NM 87501

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> 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	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal C	Well No. 3	Pool Name, including Formation Alamito Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 6681
Location Unit Letter <u>N</u> : <u>400</u> Feet From The <u>South</u> Line and <u>2240</u> Feet From The <u>West</u>				
Line of Section <u>31</u> Township <u>23N</u> Range <u>7W</u> , NMPM, <u>Sandoval</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"/>	Address (Give address to which approved copy of this form is to be sent)
BCO, Inc.	135 Grant Avenue, Santa Fe, NM 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 Avenue, Santa Fe, NM 87501
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. Is gas actually connected? When
	N 31 23N 7W

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have  
been complied with and that the information given is true and complete to the best of  
my knowledge and belief.

Elizabeth B. Keeshan  
(Signature)  
Vice President  
(Title)  
8/18/88  
(Date)

## OIL CONSERVATION DIVISION

APPROVED AUG 09 1988  
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 allow-  
able 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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
7/12/88	8/9/88		5060		5008				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6830 GR	Gallup		4686		4935				
Perforations						Depth Casing Shoe			
4686, 4690, 4795, 4800, 4808, 4815; 4825, 4876; 4893, 4931, 4940						5047			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		221'		155				
7 7/8"	4 1/2"		5047'		900				
4 1/2"	2 3/8"		4935'						

#### V. 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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8/9/88	8/16/88	Flowing 8 hrs down 1 hr	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	275	510	12/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
31	31	10 bbls recovered frac water	350

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size