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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

B.R.

Operator BCO, Inc.		
Address P. O. Box 669 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 Federal E	Well No. 1	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Federal
Location Unit Letter D, 790 Feet From The North Line and 790 Feet From The West			
Line of Section 17, Township 22 North Range 9 West, NMPM, San Juan 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) P. O. Box 669 Santa Fe, New Mexico 87501					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 17	Twp. 22N	Rge. 9W	Is gas actually connected? NO	When

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded 11-27-71.	Date Compl. Ready to Prod. 10-22-75	Total Depth 4954	P.B.T.D. 3860					
Pool Undesignated	Name of Producing Formation Gallup	Top Oil/Gas Pay 3655	Tubing Depth 3840					
Perforations 3655-58; 3662-68; 3673-74; 3678-82; 3710-14; 3730-34; 3804-08; 3814-18; 3824-28; 3832-42			Depth Casing Shoe 4954					
HOLE SIZE		CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8	130		90 Class A			
7 7/8		4 1/2" 10.5#	4954		140 Class C			
4 1/2		2 3/8	3840					

## 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 10-22-75	Date of Test 10-31-75	Producing Method (Flow, pump, gas lift, etc.) 1 1/4" Pump 48" Stroke	
Length of Test 24 Hours	Tubing Pressure -0-	Casing Pressure 10#	Choke Size Open
Actual Prod. During Test 10-31-75	Oil-Bbls. 5	Water-Bbls. 31-frac	Gas-MCF TSTM

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure

## 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.

PLEASE NOTE A DEVIATION STATEMENT ON THIS WELL  
WAS FILED W/OCC Aztec on 3-24-72

Harry R. Bush  
(Signature)  
President

(Title)

11-3-75

(Date)

APPROVED NOV 4 1975, 19

BY ORIGINAL SIGNED BY N. E. MAXWELL, JR.

TITLE PETROLEUM ENGINEER DIST. NO. 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 all wells on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of own well name or number, or transporter, or other such change of condition.

Forms C-104 must be filed for each pool in multi-