

| | | |
|------------------------|-----|---|
| NO. OF COPIES RECEIVED | | 5 |
| DISTRIBUTION | | |
| SANTA FE | | 1 |
| FILE | | 1 |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | 1 |
| | GAS | 1 |
| OPERATOR | | 1 |
| PRORATION 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 P.O. Box 669, Santa Fe, N.M. 87501 | | |
| Reason(s) for filing (Check proper box) | Change in Transporter of: | Other (Please explain) |
| New Well <input type="checkbox"/> | Oil <input type="checkbox"/> | To show Bco as transporter and not El Paso Nat Gas Co. Bco has been the transporter for many years. |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Dry Gas <input type="checkbox"/> | |

If change of ownership give name and address of previous owner _____

| | | | | |
|--|--|----------|--------------------------------|-------------------------------|
| DESCRIPTION OF WELL AND LEASE | | Well No. | Pool Name, Including Formation | Kind of Lease |
| Lease Name Escrito Unit | | 15 | Escrito Gallup | State, Federal or Fee Federal |
| Location | | | | |
| Unit Letter A ; Feet From The Line and Feet From The | | | | |
| Line of Section 20 , Township 24N Range 7W , NMPM, Rio Arriba County | | | | |

| | | | |
|--|-----------|--|---------------------------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Bco, Inc. | P.O. Box 669 Santa Fe, N.M. 87501 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Bco, Inc. | P.O. Box 669 Santa Fe, N.M. 87501 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. Rge. |
| | | | Is gas actually connected? When |

If this production is commingled with that from any other lease or pool, give commingling order number: _____
Not applicable old well.

| | | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|-----------|----------|--------------|-------------------|-----------|-------------|--------------|
| COMPLETION DATA | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Designate Type of Completion - (X) | | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | | P.B.T.D. | | | |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | | | | Tubing Depth | | | |
| Perforations | | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Not applicable old 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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil • Bbls. | Water • Bbls. | Gas • MCF |

GAS WELL Not Applicable old well

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

VI. CERTIFICATE OF COMPLIANCE

I heroby 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. B...
(Signature)
President
5-9-72
(Date)

| | |
|---|------------------------------------|
| OIL CONSERVATION COMMISSION | |
| APPROVED | MAY 11 1972 |
| BY | Original Signed by Emery C. Arnold |
| TITLE | SUPERVISOR |
| 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 deviated tests taken on the well in accordance with RULE 111. | |
| All sections of this form must be filled out completely for all wells on now and recompleted wells. | |
| Fill out Sections I, II, III, and VI only for change of well name or number, or transporter or other such change of content. | |