Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

| DISTRICT III | | | |
|-----------------|-------------|-----|-------|
| 1000 Rio Brazos | Rd., Aztec, | NM. | 87410 |

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| l. | | TO TF | RANSP | ORT O | IL AND N | ATURAL (| GAS | | | | |
|---|-------------------------------------|---|-----------------|---------------------|-----------------|---------------------------------------|-------------------|------------------|-----------------|--------------------|--|
| Operator | | | | | | · · · · · · · · · · · · · · · · · · · | | ell API No. | | | |
| BCO, Inc. | | | | - | | | | 3003905 | 473 | | |
| 135 Grant, Santa | Fe. NM 87 | 501 · | | | | | | | | | |
| Reason(s) for Filing (Check proper | bax) | | | | | ther (Please ex | mlain) | | | | |
| New Well | | Change | in Transpo | orter of: | | and to sende ex | pusi | | | | |
| Recompletion | Oil | _ | Dry Ga | | | | | | | | |
| Change in Operator | Casinghe | ead Gas | Conden | sate 🗌 | | | | | | | |
| If change of operator give name and address of previous operator | | | | | | | | | | | |
| II. DESCRIPTION OF W | FII AND LE | ACE | | | | | | <u> </u> | ······· | | |
| Lease Name | DED AND DE | Well No. | Pool Na | me. Inche | ing Formation | <u> </u> | V: | d of Lease | | | |
| Escrito Gallup Un | Lt | 12 | | rito G | • | • | | K Federalyzy 🔻 | , | Lease No. 03595 | |
| Location | | | | | | | <u></u> | | | | |
| Unit LetterK | :1 <u>6</u> | 550 | _ Feet Fro | om The | south Li | ne and1 | .980 | Feet From The | west. | U | |
| Section 17 To | 11 2/37 | | _ | | | | | | | | |
| Section 1/ 10 | wnship 24N | | Range | R7W | , N | MPM, Ri | <u>o Arrib</u> | a | | County | |
| III. DESIGNATION OF T | RANSPORTE | ER OF O | IL AND | NATI | RAL GAS | | | | | | |
| Name of Authorized Transporter of | Oil XX | or Conde | asate [| | | | vhich approv | ed copy of this | form is to be . | seni) | |
| Giant Refining | | | L | <i>-</i> | | | | ton, NM | | • ' | |
| Name of Authorized Transporter of BCO, Inc. | Casinghead Gas | [XX] | or Dry G | las 🗀 | Address (Gi | ve address to w | hich approv | ed copy of this | form is to be: | tent) | |
| If well produces oil or liquids, | Unit | Sec. | Twp. | l Boo | 135 Gra | ant, San | | NM 8750 | 1 | | |
| give location of tanks. | K | 17 | 24N | Rge. 7W · | Yes | y connected? | Whe | :n 7 ? | | | |
| f this production is commingled with | that from any oth | er lease or | | | ing order num | ber: | L | | | | |
| IV. COMPLETION DATA | | | | | | | | | | | |
| Designate Type of Comple | tion - (X) | Oil Well | Ga | s Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Comp | J Pendy to | Brod | | Total Depth | <u> </u> | <u> </u> | <u> </u> | <u></u> | <u> </u> | |
| | Date Comp | A. Ready II. | riou. | | roza Depui | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Pr | oducing Fo | ormation | | Top Oil/Gas I | Pay | | Tubing Dept | | | |
| erforations | | | | | | | | ruoing Depi | 41 | | |
| remonations | | | | | | | | Depth Casin | g Shoe | | |
| ······ | | UDING | CACIDIC | 1 4 1 1 1 2 | OE) (E) ION | .a | | <u> </u> | | | |
| HOLE SIZE | | TUBING, CASING AND CASING & TUBING SIZE | | | DEPTH SET | | | | 010/0 05/15/17 | | |
| | | | | | | | | SACKS CEMENT | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| . TEST DATA AND REQU | FST FOD A | I I OWA | DIE | | | | | 1 | | | |
| | er recovery of low | | | and must h | e equal to or a | exceed top allo | wahla for thi | a damek an ka C | 6.11.24 L | 1 | |
| tate First New Oil Run To Tank | Date of Test | | , | | Producing Met | thod (Flow, pu | mp, gas lift, o | s cepin or be jo | r jui 24 nou | 3.) | |
| 4.67 | | | | | | | | | | | |
| ength of Test | Tubing Press | Bure | | 1 | Casing Pressur | 2 | | Choke Size | | | |
| ctual Prod. During Test | ctual Prod. During Test Oil - Bbls. | | Water - Bbis. | | | Gas- MCF | | | | | |
| • | Oil - Boils. | | | | AN MICH - DUIS. | | | UMS- MCF | | | |
| AS WELL | | | | | | | | 1 (| . | .) | |
| ctual Prod. Test - MCF/D | Length of Te | st | | 1 | Bbls. Condens | IE/MMCF | | Gravity of Co | <u>.</u> | <u> </u> | |
| | | | | | | | | GIZVILY OF CO | noensate | | |
| sting Method (pitot, back pr.) | Tubing Press | ure (Shut-ii | n) | - 1 | Casing Pressure | (Shut-in) | · · · · · · · · · | Choke Size | المرائعينامين | | |
| I Open A | | | | | | | | | | | |
| I. OPERATOR CERTIF | CATE OF C | COMPL | IANC | Ε | ^ | II 00N | 055 | | | | |
| I hereby certify that the rules and re- Division have been complied with a | nd that the informs | ation diven | tion shove | | O | IL CON | >EHV/ | ATION D | IVISIO | N | |
| is true and complete to the best of m | y knowledge and | belief. | acove | | D-1- 1 | . | | 1111 | A & 100 | 0 | |
| | | | | | Date A | Approved | | AAT | n maga | <u>U</u> | |
| James / Be- | uncert | | | | D | | - | | 1- | , | |
| Signature James P. Bennett | (| Office | Manag | ger | Ву | | | <u> </u> | ment | | |
| Printed Name | | Ť | itle | — | Title_ | | SUPE | RVISĮON | DISTRIC | T#3 | |
| 6/30/89 Date | | 983-12 | 28 / one No. | | 11110 | | | | | | |
| | | ı elebiy | UBE IVO. | - 11 | | | | | | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

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