5 OCC Aztec 1 USGS Durango 6 Copies

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TRANSPORTER GAS		
OPERATOR	2	
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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
Effective 1-1-65

Operator: Bco, Inc.

Address: P.O. Box 669, Santa Fe, New Mexico 87501

Reason(s) for filing (Check proper box)
- New Well [ ]
- Recompletion [X]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Escrito Gallup Unit	8	Escrito Gallup	State, Federal or Fee Federal

Location: Unit Letter H ; 1850 Feet From The North Line and 990 Feet From The East

Line of Section 18, Township 24 North, Range 7 West, NMPM, Rio Arriba County, Co

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
BCO, Inc.	P.O. Box 669 Santa Fe, New Mexico 87501
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	18	24N	7W	No	

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

V. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. R
	X			X				

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7/13/60	Current 10/26/77	7232	6150
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Escrito	Gallup	5920	6013
			Depth Casing Shoe: 7227

Perforations: 6102-6138 (Mayre) W/4 SPF
5920-28; 5936-37; 5980-90; 6000-01; 6014-20 (Skelly) W/2 SPF

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8-5/8	225	125
	5-1/2	7227	145
	2-3/8	6013	None

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 able for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Current 10/27/77	11/1/77	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hours	-0-	-0-	Open
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
11/1/77	4	30-Fresh	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure**	**Casing Pressure**	**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. Boyle
(Signature)
President
(Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

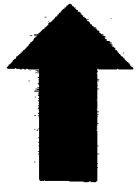
BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR 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 de well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for able on new and recompleted wells.



LTR

Job separation sheet

Bob:
We'll need form C-104 to change zones and well name when you re-complete this well.
We also need a 40-acre plat for the Dufers Point Pool.

OCC See Reply Al

7 Copies

{5 USGS / Durango} ✓OCC Aztec 1 ntl,h

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR: BCO, Inc.

3. ADDRESS OF OPERATOR: P. O. Box 669 Santa Fe, New Mexico 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1850 FNL 990 FEL 18-24N-7W NMPM

5. LEASE DESIGNATION AND SERIAL NO.: NM-03595

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME: Escrito

8. FARM OR LEASE NAME: Escrito Unit

9. WELL NO.: 8

10. FIELD AND POOL, OR WILDCAT: Escrito Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 18-24N-7W NMPM

12. COUNTY OR PARISH: Rio Arriba

13. STATE: New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): GL 7270

(Eliz #1)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE	XX	ABANDON*	X	SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL	XX	CHANGE PLANS		(Other)			
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Drill out plugs located at 6050', 6150' and 6200'. Check well for casing failure(s), if any below 6138'. Repair casing failures, if any, and plug Mayre (6102-6138) and Skelly (5920-6020). Wait on cement two (2) days and drill out to old PBTD of 7085'. Log cement and complete Top Graneros 6934-6964 and Greenhorn 6855-6877.

NOTE: Until such time as this well is plugged in the Mayre and Skelly it is located in the Escrito Gallup Unit Well #8. When the well is completed in the top Graneros and Greenhorn, it will be in the Dufers Point and known as the Elizabeth #1.

DEC 16 1977
OIL CON. COM.
DIST. 3

12-14-77
Al
Since we were unable to deepen it is not necessary at this time to change the name +/or the acreage plat.

SEP 14 1977
OIL CON. COM.
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED Harry R Boyle TITLE President DATE 9/12/77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: