

DISTRIBUTION			
SANTA FE		/	
FILE		/	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	/	
OPERATOR		/	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5000  
12565

Bco, Inc.

Address

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

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☒

Oil

☐

Dry Gas

☒

Change in Ownership

☐

Casinghead Gas

☒

Condensate

☒

Other (Please explain)

If change of ownership give name and address of previous owner

(Compass Exploration)

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Federal 1-7	Well No.	1	Pool Name, Including Formation	Basin Dakota	Kind of Lease	State, Federal or Fee	Federal
Location	Unit Letter <u>P</u> ; <u>990</u> Feet From The <u>East</u> Line and <u>990</u> Feet From The <u>South</u>							
Line of Section	<u>7</u>	Township	<u>24N</u>	Range	<u>7W</u>	NMPM,	Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	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		
If well produces oil or liquids, give location of tanks. 55 gal Bbls	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>P</u>	<u>7</u>	<u>24N</u>	<u>7W</u>	<u>Yes</u>	<u>12-10-72</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>XX</u>		<u>XX</u>				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	<u>1/15/73</u>	<u>7292</u>						
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>Basin</u>	<u>Dakota</u>		<u>7230</u>					
Perforations	See prior completion report					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
See prior report								

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>12/15/72</u>	<u>1/30/73</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>	<u>45 #'s</u>	<u>45 #'s</u>	<u>Open</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>1/30/73</u>	<u>-0-</u>	<u>174</u>	<u>79</u>

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OIL CON. COM.  
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
<u>79</u>	<u>24 hours</u>	<u>-0- see accompanying form 9-331</u>	<u>50+</u>
Testing Method (init, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<u>pumping against 45 pound back pressure</u>	<u>45 PSI</u>	<u>45 PSI open to flow line</u>	<u>None</u>

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.

Original Signed by

HARRY R. BIGBEE, CPA

Box 669

Santa Fe, New Mexico 87501

(Signature)

President

(Title)

2-16-73

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 16 1973, 19

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #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 allowable on new and recompleted wells.

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



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