

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION OFFICE	

I.

Operator	
BCO, Inc.	
Address	
P. O. Box 669 Santa Fe, New Mexico 87501	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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"/>
Other (Please explain)	
JAN 20 1976	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Federal 1-7	1	Dufers Point Dakota - S-1	State, Federal or Fee Federal
Location			
Unit Letter	P	990 Feet From The South Line and	990 Feet From The East
Line of Section	7	Township 24 North Range 7 West	NMPM, Rio Arriba 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"/>	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 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 Sec. Twp. Rge.	Is gas actually connected? When
	P 7 24N 7W	Not at present-Gas too small measure

If this production is commingling 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.
				XX		XX		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
see prior report	see prior report	see prior report	6980					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Dufers Point	Dakota	6947	6970					
Perforations						Depth Casing Shoe		
6947-55								
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.)	
12-11-75	12-11-75	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
12-11-75	3	-0-	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. Byler
(Signature)
President

OIL CONSERVATION COMMISSION

APPROVED JAN 20 1976, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. 48

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.

Will not be returned if not filled out completely for changes of owner, etc.