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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-85

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3127/R.
8-7-84

RECEIVED

JUL 31 1984

OIL CON. DIV.
DIST. 3

Operator		BCO, Inc.	
Address		135 Grant, Santa Fe, NM 87501	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:		
Recompletion <input 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"/>	
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE EGU #26 (Elizabeth #9)

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Escrito Gallup Unit.	26	Escrito Gallup	State, Federal or Fee Federal	NM-03595
Location				
Unit Letter P : 450' Feet From The South Line and 330' Feet From The East				
Line of Section 18 Township 24N Range 7W, 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.	135 Grant, Santa Fe, New Mexico 87501	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
BCO, Inc.	135 Grant, Santa Fe, New Mexico 87501	
If well produces oil or liquids, give location of tanks.	Unit I Sec. 18 Twp. 24N Pge. 7W	Is gas actually connected? Yes
		When Existing tank battery Prior to 7-27-84.

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
6-19-84	7-24-84	6180		6152				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
GR 7218	Gallup	5844		6080				
Perforations One 3 1/8" select fire shot at 6073, 6048, 6044, 6040, 6036, 6032, 6028, 5932, 5918, 5903, 5844		Depth Casing Shoe		6172				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" J-55 24.0#		215		145 sacks			
7 7/8"	4 1/2" N80 11.6#		6172		1805 sacks			
4 1/2"	2 3/8" J-55 4.7#		6080		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 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.)	
7-24-84	7-27-84	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	300 to 220	580 to 460	19/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
7-27-84	124	0	248

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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. Bigbee, President
(Title)
7-30-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 31 1984
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.