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

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. Operator		TOTRA	NSPORT	OIL	AND NA	TURAL		API No.	 		
BCO, Inc.							ì	3003923405			
Address		.01					<u>-</u>	<u></u>			
135 Grant, Santa F Reason(s) for Filing (Check proper		501 ·			Ott	ner (Please exp	olain)			 	
New Well		Change in	Transporter of	f:	□ 0-	.01 (1 1020 03)	<i>,,</i> ,				
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghe	nd Gas	Condensate								
If change of operator give name and address of previous operator							<u> </u>				
II. DESCRIPTION OF WE	ELL AND LE	ASE								-	
Lease Name Well No. Pool Name, Incl					ding Formation J			ind of Lease No			
Escrito Gallup Unit ' 26 Escrito					Gallup ·			Federal on The NM-03595			
-	4	50		50	outh	. 23	30 · F				
Omi Letter	:	.50	Feet From The	e _ <u>50</u>	Jucii Lin	e and	<u> </u>	eet From The _	east	Lir	
Section 18 · Tox	waship 24N	1	Range 7W	, <u> </u>	, N	MPM, Ri	<u>io Arrib</u>	a .		County	
III. DESIGNATION OF TH	RANSPORTE	R OF OI	L AND NA	TUR	RAL GAS						
Name of Authorized Transporter of (Dil XX	or Conden			Address (Giv			copy of this for		ent)	
Giant Refining					P.O. Box 256, Farmington, NM 87499						
Name of Authorized Transporter of Casinghead Gas v or Dry Gas BCO, Inc.					Address (Give address to which approved copy of this form is to be sent) 135 Grant, Santa Fe, NM 87501						
If well produces oil or liquids,					is gas actually		When				
rive location of tanks.	Į.	18 ·	24N 7	w -	Yes			ior to 7/	27/84		
f this production is commingled with V. COMPLETION DATA	that from any oth	er lease or p	ool, give comm	minglin	ng order mumb	er:					
V. COMILETION DATA		Oil Well	Gas We	ın İ	New Well	Workover	Deepen	Plug Back	Same Bee's	Diff Res'v	
Designate Type of Complet		i	i	Ï		WOLLOW	Deepea	Flug Back	Milite IVER A	Juli Kesv	
Date Spudded	Date Comp	i. Ready to	Prod.	7	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducina For	mation	-	Top Oil/Gas P	av ve		T. 1. D. 4		·	
						-,		Tubing Depth			
Perforations								Depth Casing	Shoe		
	<u> </u>	IIDING (CASING AN	VID C	EMENITA	C DECOR	-	<u> </u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								- ione original			
										· · · · · · · · · · · · · · · · · · ·	
											
. TEST DATA AND REQU	EST FOR A	LLOWA	BLE					<u> </u>			
IL WELL (Test must be aft	er recovery of lold		load oil and n						full 24 hou	T.)	
tate First New Oil Run To Tank	Date of Test	Date of Test			roducing Met	hod (Flow, pu	mp, gas lift, e		EIV	EU	
ength of Test	Tubing Press	Bure		G	asing Pressur	 B		Cheke Size		- 1	
									JUL 0 6 1989		
ctual Prod. During Test Oil - Bbl:		- Bbls.			Water - Bbls.			on MCF CON. DIV			
NAC WELL									57. 3		
GAS WELL ctual Prod. Test - MCF/D	Length of Te	est .		R	bls. Condensa	IAMMCE		Gravity of Coa	-		
					ois. Colocila	ME IVIIVICI		To write the second control of the second co			
sting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
				_							
I. OPERATOR CERTIF					0	II CON	CED\/A	TION D	Melo	N I	
I hereby certify that the rules and re- Division have been complied with a	nd that the inform	ation given :	ioa nbove							•	
is true and complete to the best of m	y knowledge and	belief.		- II	Date A	Annroved	ł .	alik 10 6 1	ି ଫ୍ଲିଷ୍ଟ		
James & Ben						.pp.0460		A '			
Signature					Ву	 	مساط). Cho	-		
James P. Bennett Printed Name			Manager tle				SUPERV	ISION DIS	TRICT	# 3	
6/30/89		983-122			Title_						
Date		Talast	No	. 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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.