

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator BCO, Inc.	Well API No. 30-039-24598
Address 135 Grant, Santa Fe, NM 87501	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Bobby B	Well No. 4	Pool Name, Including Formation Escrito Gallup	Kind of Lease <input checked="" type="checkbox"/> State, Federal or Free	Lease No. SF-078534
Location Unit Letter <u>C</u> : <u>880'</u> Feet From The <u>north</u> Line and <u>1850'</u> Feet From The <u>west</u> Line Section <u>31</u> Township <u>24N</u> Range <u>6W</u> , 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"/> Giant Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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, give location of tanks.	Unit E	Sec. 31	Twp. 24N	Rge. 6W	Is gas actually connected? Yes	When? 5/10/90

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2/13/90	Date Compl. Ready to Prod. 5/3/90		Total Depth 5635		P.B.T.D. 5554			
Elevations (DF, RKB, RT, GR, etc.) 6697 G R	Name of Producing Formation Gallup		Top Oil/Gas Pay 5280		Tubing Depth 5451			
Perforations 0.39" select fire 5280, 5284, 5408, 5412, 5416, 5420, 5425 One 0.032" select fire 5450 and 5477					Depth Casing Shoe 5613			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 23#		230		155			
7 7/8"	4 1/2" 11.6#		5621		1290			
4 1/2"	2 3/8" 4.7#		5451					

**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 Tank 5/3/90	Date of Test 5/9/90	Producing Method (Flow, pump, gas lift, etc.) Flowing 6 1/2 hours, shut off 1 1/2 hours	
Length of Test 24 hours	Tubing Pressure 220 flowing	Casing Pressure 480	Choke Size 17/64
Actual Prod. During Test 16	Oil - Bbls. 12	Water - Bbls. 4 recovered frac water	Gas- MCF 204

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Elizabeth B. Keeshan  
Signature  
Elizabeth B. Keeshan Vice-President  
Printed Name  
5/10/90 Date  
505 983-1228 Telephone No.

**RECEIVED**  
MAY 11 1990  
**OIL CON. DIV.**  
**OIL CONSERVATION DIVISION**  
MAY 3 1990  
Date Approved \_\_\_\_\_  
By Bruce D. Sherry  
SUPERVISOR DISTRICT 13  
Title \_\_\_\_\_

**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.  
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

MAY 11 1950

OIL CON. DIV.  
DIST. 3

U.S. DEPARTMENT OF THE INTERIOR