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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

302012

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BCO, INC.		Well API No. 30-039-25153
Address 135 GRANT, SANTA FE, NM 87501		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input 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		

RECEIVED
JUN 11 1992

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal Lybrook	Well No. 22-2R	Pool Name, Including Formation Escrito Gallup Ext.	Kind of Lease State, Federal or Foreign	Lease No. SF-078562
Location Unit Letter I : 1695 Feet From The south Line and 820 Feet From The east Line Section 22 Township 24N Range 7W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil GIANT REFINING	or Condensate <input type="checkbox"/>	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 BCO, INC.	or Dry Gas <input type="checkbox"/>	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 I Sec. 22 Twp. 24N Rge. 7W	Is gas actually connected? NO When ?

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 05/11/92	Date Compl. Ready to Prod. 06/01/92	Total Depth 5720'	P.B.T.D. 5677'					
Elevations (DF, RKB, RT, GR, etc.) KB: 6760' GL: 6748'	Name of Producing Formation GALLUP	Top Oil/Gas Pay 5250'	Tubing Depth 5573'					
Perforations 5436', 5440', 5567', 5570', 5577', 5580'			Depth Casing Shoe 5717'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12.250	CASING & TUBING SIZE 8.625 SURFACE CASING		DEPTH SET 365'		SACKS CEMENT 275 SACKS			
7.875	4.500 PROD. CASING		5717'		240 SACKS			
	2.375 TUBING		5573'					

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 06/01/92	Date of Test 6/8/92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 20	Casing Pressure 5	Choke Size None
Actual Prod. During Test 26	Oil - Bbls. 25	Water - Bbls. 1	Gas- MCF 50

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)	Choke Size

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.

Signature
ELIZABETH B. KEESHAN
Printed Name
JUNE 10, 1992
Date

PRESIDENT
Title
505-983-1228
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 01 1992
By Original Signed by CHARLES GHOLSON
Title DEPUTY OIL & GAS INSPECTOR DIST #3

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.