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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Bco, Inc.		
Address P.O. Box 669, Santa Fe, N.M. 87501		
Reason(s) for filing (Check proper box)	Other (Please explain)	
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"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Nancy	Well No. 3	Pool Name, including Formation Dufers Point Dakota-Gallup	Kind of Lease State, Federal or Fee Fed	Lease No. NM-0557389
Location Unit Letter <u>N</u> ; <u>990</u> Feet From The <u>S</u> Line and <u>1793</u> Feet From The <u>W</u> Line of Section <u>12</u> Township <u>24N</u> Range <u>8W</u> , N.M.P.M., <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Bco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 669 Santa Fe, N.M. 87501					
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) P.O. Box 669 Santa Fe, N.M. 87501					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 12	Twp. 24N	Ege. 8W	Is gas actually connected? Yes	When ?

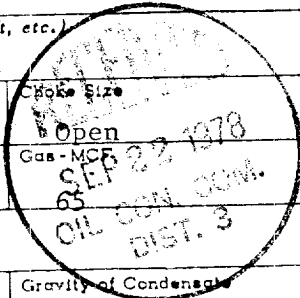
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XXXX	Gas Well	New Well	Workover XXXX	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-19-68	Date Compl. Ready to Prod. 6-15-78 (Workover)		Total Depth 7250		P.B.T.D. 6800			
Elevations (DF, RKB, RT, GR, etc.) 7202 Gr	Name of Producing Formation Gallup		Top Oil/Gas Pay 5922		Tubing Depth 6100			
Perforations 6060-6100, 5922-5970					Depth Casing Shoe 7246			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		210		150			
7 7/8	4 1/2		7246		375			
4 1/2	2 3/8		6100		NONE			

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 6-15-78 (New)	Date of Test 9-19-78	Producing Method (Flow, pump, gas lift, etc.) Piston	
Length of Test 24 Hrs	Tubing Pressure 400 to 0 to 300	Casing Pressure 585 to 440	Choke Size Open
Actual Prod. During Test 9-19-78	Oil - Bbls. 13	Water - Bbls. 0	Gas - MCF 65



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

I. 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. B...
(Signature)
President
(Title)
9-21-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 25 1978, 19
BY Original Signed by A. A. Kendrick
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 recompleted wells.