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

I.

OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JI							1 '	WEII A	Pl No.		
BCO, Inc.		- · · · · · · · · · · · · · · · · · · ·			3	0045130	017	,			
135 Grant, Santa Fe,	NM 875	01 ·									
Reason(s) for Filing (Check proper box,					Otl	her (Please exp	lain)			· -	
New Well		Change in	Transpo	rter of:		•					
Recompletion	Oil	$\mathbf{k}\mathbf{x}$	Dry Ga	s 🗆							
Change in Operator	Casinghea	d Gas 🔲	Conden	sale 🗌							
If change of operator give name and address of previous operator										***	
II. DESCRIPTION OF WELI	L AND LEA	SE									
Lease Name	D FAIND ELER		Pool Na	me. Includ	ing Formation			Kind of	f Lease	<u></u>	ease No.
Escrito Gallup Unit	Escrito Gallup Unit 3 Escrit								37.3337 P. J41 32 WXXXX		87657.
Location				•							
Unit LetterA	. 85	<u>5</u> ·	Feet Fro	om The <u>r</u>	orth Lin	e and41	.0	Fee	t From The	east	Line
Section 13 Towns	hip 24N		Range	8W	N ī	MPM, San	Juar	,	-		County
						wir wi,	Juar	<u>. </u>			County
III. DESIGNATION OF TRAI				NATU	RAL GAS						
Name of Authorized Transporter of Oil Giant Refining	XX	or Condens	sale [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 Casi	nghead Gas	<u> </u>	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,	Sec.	Sec. Twp. Rge.			Is gas actually connected? When						
ve location of tanks.		13 24N 8W				Yes			?		
f this production is commingled with that	t from any othe	r lease or p	ool, give	commingl	ing order numl	per:					
IV. COMPLETION DATA		10	———	***************************************	1	(1	
Designate Type of Completion	1 - (X)	Oil Well	l G	as Well	New Well	Workover	Deep	ea	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl.	Ready to i	I Prod.		Total Depth		l		P.B.T.D.		
•	•							1.3.1.5.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Ton Oil/Gas I	Top Oil/Gas Pay			T. L. D.	L	
					Top Oil Oil 1	-,		- 1	Tubing Dept	л	
Perforations					- Top Oil Oil I						
Perforations									Depth Casin		
Perforations	T	JBING. O	CASIN	G AND			D				
Perforations HOLE SIZE		JBING, (CEMENTIN	NG RECORI	D		Depth Casin	g Shoe	ENT
					CEMENTIN	NG RECOR	D		Depth Casin		ENT
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HOLE SIZE '. TEST DATA AND REQUED OIL WELL (Test must be after related to the state of the sta	CASI ST FOR AL	NG & TUE	BING SI	ZE and must t	CEMENTIN	NG RECORI DEPTH SET	wable for	this d	Depth Casin	g Shoe ACKS CEME	
HOLE SIZE T. TEST DATA AND REQUES OIL WELL (Test must be after t	CASI ST FOR AL recovery of total	NG & TUE	BING SI	ZE and must t	CEMENTIN	NG RECORI	wable for	this d	Depth Casin	g Shoe ACKS CEME	
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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.