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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, New Mexico 87501**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Smith</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Escrito Gallup</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location			
Unit Letter <b>F</b>	<b>1900</b> Feet From The <b>N</b> Line and <b>1710</b> Feet From The <b>W</b>		
Line of Section <b>13</b>	Township <b>24N</b>	Range <b>8W</b>	<b>San Juan</b> County

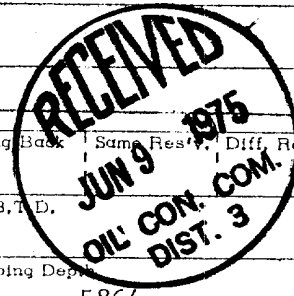
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>BCO, Inc.</b>	Address (Give address to which approved copy of this form is to be sent)	<b>P. O. Box 669 Santa Fe, New Mexico 87501</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>BCO, Inc.</b>	Address (Give address to which approved copy of this form is to be sent)	<b>P. O. Box 669 Santa Fe, New Mexico 87501</b>
If well produces oil or liquids, give location of tanks.	Unit <b>F</b> Sec. <b>13</b> Twp. <b>24N</b> Rge. <b>8W</b>	Is gas actually connected? <b>Will be prior to 7-1-75</b>	When

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Samp. Res't. <input type="checkbox"/> Diff. Res't. <input type="checkbox"/>		
Date Spudded <b>5-13-75</b>	Date Compl. Ready to Prod. <b>5-28-75</b>	Total Depth <b>5935</b>	P.B.T.D.
Pool <b>Escrito</b>	Name of Producing Formation <b>Gallup</b>	Top Oil/Gas Pay <b>5658</b>	Tubing Depth <b>5864</b>
Perforations <b>5658-62; 5708-12; 5718-20; 5724-25; 5728-30; 5738-40; 5750-60; 5845-56; 5860-64</b>			Depth Casing Shoe <b>5935</b>
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4</b>	<b>8 5/8 24.70</b>	<b>138</b>	<b>100 Class A</b>
<b>7 7/8</b>	<b>4 1/2 11.50</b>	<b>5935</b>	<b>1065 per copy of</b>
			<b>Halliburton report attached</b>



III. 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 <b>5-28-75</b>	Date of Test <b>6-1-75</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Swab and Flow</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure <b>200 to 0</b>	Casing Pressure <b>940 to 700</b>	Choke Size <b>Open</b>
Actual Prod. During Test <b>6-1-75</b>	Oil-Bbls. <b>53</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>159</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

IV. 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. Bush*  
(Signature)  
**President**  
(Title)  
**6-5-75**  
(Date)

OIL CONSERVATION COMMISSION

**JUN 9 1975**  
APPROVED \_\_\_\_\_  
BY **Original Signed by Emery C. Arnold**, 19\_\_\_\_\_  
**SUPERVISOR DIST. #3**

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.  
Supersedes Form C-104 and is to be filed for each well in multiple.

# BCO, Inc.

OIL WELL OPERATOR  
AND  
TRUCKING DIVISION  
P. O. BOX 669  
SANTA FE, N. M. 87501

AREA CODE 505  
983-1228

June 5, 1975

TO: Whom It May Concern

RE: Deviation tests Smith #4  
Lease NM-1409  
1900' FNL 1710' FWL Sec. 13 T24N R8W N.M.P.M.

I hereby certify to the best of my knowledge and belief, that the following are the results of deviation tests taken on the above well.

<u>Depth</u>	<u>Degrees</u>
1822	Unknown
2902	1 1/4
3594	1 3/4
4430	1 1/4
4960	1
5311	3/4
5950	1



*Harry R. Eigbee*  
HARRY R. EIGBEE  
President

7 Copies attached to Form 9-330  
7 Copies attached to Form C-104