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LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
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1 U.S.G.S. Farmington

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
ANDForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Escrito Gallup Unit (Smith 3)	Well No. 21	Pool Name, including Formation Escrito Gallup	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>H</u> ; <u>1850</u> Feet From The <u>N</u> Line and <u>990</u> Feet From The <u>E</u> Line of Section <u>13</u> , Township <u>24N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County			

II. 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, New Mexico 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, New Mexico 87501	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 13
	Twp. 24N	Rge. 8W
	Is gas actually connected? When No-will be no later than 7-1-75	

If this production is commingled with that from any other lease or pool, give commingling order number: 14-08-0001-869

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Refracture <input type="checkbox"/>	Stim. Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-3-75	Date Compl. Ready to Prod. 5-20-75		Total Depth 6000					
Pool Escrito	Name of Producing Formation Gallup		Top Oil/Gas Pay 5674					
Perforations 5674-78; 5734-38; 5744-58; 5774-80; 5868-86								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 24.70#		145		100 Class A			
7 7/8	4 1/2 11.50		6000		1065 Per copy of			
					Halliburton report			
					attached to Form 9-330			

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 Tanks 5-20-75	Date of Test 5-31-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 250 to 0	Casing Pressure 950 to 700	Choke Size Open
Actual Prod. During Test 5-31-75	Oil-Bbls. 54	Water-Bbls. 0	Gas-MCF 162

GAS WELL

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

VI. 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. Bugh
(Signature)
President

6-5-75

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUN 9 1975

Original Signed by Emery C. Arnold

TITLE

SUPERVISOR DIST. #3

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.

Separate Forms C-104 must be filed for each pool in multiply

AREA CODE 505
933-1228

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

June 5, 1975


TO: Whom It May Concern

RE: Deviation tests Escrito Gallup Unit #21 (Smith #3)
Lease # NM-087657 1850' FNL 990' FEL 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>
1718	1
2755	1 1/4
3458	3/4
3808	1
4886	3/4
5498	1
4331	3/4




HARRY R. BIGBEE
President

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