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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

3077/R
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Operator BCO, Inc.	
Address 135 Grant, Santa Fe, NM 87501	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith	Well No. 5	Pool Name, Including Formation Escrito Gallup	Kind of Lease State, Federal or Fee	Lease No. NM-01409
Location:				
Unit Letter C ; 800 Feet From The N Line and 1850 Feet From The W				
Line of Section 13 Township 24N Range 8W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
BCO, Inc.	135 Grant, Santa Fe, NM 87501			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
BCO, Inc.	135 Grant, Santa Fe, NM 87501			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 18	Twp. 24N	Pge. 8W
				Is gas actually connected? Yes
				When 7/29/83

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/6/83	Date Compl. Ready to Prod. 7/29/83	Total Depth 6200'	P.B.T.D. 6168'					
Elevations (DF, RKB, RT, GR, etc.) GR 7168	Name of Producing Formation Gallup	Top Oil/Gas Pay 5802'	Tubing Depth 6015'					
Perforations one 3 1/8" select fire shot at 6012, 6009, 6006, 6003, 6000, 5904, 5905, 5879, 5871, 5861, 5810, 5802			Depth Casing Shoe 6197'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" J-55	24.0#	211'		245 sacks			
7 7/8"	4 1/2" N80	11.6#	6015' 6200		1815 sacks			
4 1/2"	2 3/8" J-55	4.7#	6015'		None			

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 7/29/83	Date of Test 7/31/83	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 200 to 10	Casing Pressure 600 to 400	Choke Size 32/64
Actual Prod. During Test 7/31/83	Oil-Bbls. 149	Water-Bbls. 0	Gas-MCF 447

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

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. Bigbee
(Signature)
Harry R. Bigbee, President
(Title)
August 1, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR, DISTRICT 2

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 completed wells.