9 Submit 5 copies Appropriate District Office DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

I.

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT DIL AND NATURAL GAS

Name of Operator: Bla	ckuood &	Nichols	Co. A L	imited P	artnershi	p We	ell API No	.: 30-039-2	22027				
Address of Operator:	P.O. E	lox 1237,	Durang	go, Color	ado 8130	2-1237							
Reason(s) for Filing (ch	eck prope	r area):		Other	(please	explain)	· · · · ·						
New well:					Change	in Transport		_					
Recompletion: Oil: Change in Operator: X Casinghead Gas:							Dry Gas: Condensate:						
Change in Operator: X				Lasing	nead Gas:	·	Cond	ensate:					
If change of operator gi and address of previous		Blackw	ood & N	Nichols C	o., Ltd.								
II. DESCRIPTION	N OF T	VELL 1	AND I	LEASE									
Lease Name: Well No.: Pool Name, Including For Northeast Blanco Unit 19A Blanco Mesaverde					nation: Kind Of Lease State, Federal Or Fee: SF-079			e No. SF-079060					
LOCATION Unit Letter: P;	1190 ft.	from the	e South	line and	d 1045 ft	. from the Ea	ast line						
Section: 20	Town	ship: 30	N	Range: 71	J, NMPM,	County: Ric	Arriba						
III. DESIGNATIO	on of	TRAN	BPOR!	rer o	FOIL	AND NATU	TRAL G	AS					
Name of Authorized Trans Giant Transport		f Oil:	or Con	densate:	x	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267							
Name of Authorized Trnsp El Paso Natural	Name of Authorized Trnsptr of Casinghead Gas: or Dry Gas: X						Address (Give address to send approved copy of this form.) P.O. Box 990, Farmington, NM 87499						
If well produces oil or give location of tanks.		Unit P	Sec.	Twp.	Rge.						[?] 4/80		
If this production is co	mminaled		·				ommingling	order numbe	r:	<u>.l</u>			
unio production to co				,		, , , , , , , , , , , , , , , , , , ,					15-1		
IV. COMPLETION	DATA				,								
Designate Type of Comple	etion (X)	Oil We	ll G	as Well	New Wel	l Workover	Deepen	Plug Back	Same	Resiv	Diff Res'v		
Date Spudded:	udded: Date Compl. Ready to Prod.:						Total Depth:			P.B.T.D.:			
Elevations (DF, RKB, RT,	GR, etc):	Name o	of Produc	ing Forma	tion:	Top Oil/Gas Pay:			Tubing Depth:			
Perforations:							Depth Ca	sing Shoe:	- '				
		TUBI	NG C	ASING	AND	CEMENTIN	G RECO	RD					
HOLE SIZE				NG SIZE	T	DEPTH SE			S CEME	MENT			
	_	CASING E TODING STEE				# *							
											· · · · · · · · · · · · · · · · · · ·		
	_												
						:.···							
	VD DE	OTTO	HAD	****				<u> </u>			 		
V. TEST DATA A						lume of load	oil and mu	ist he equal	to or e	exceed	ton allowable		
	-			-	24 hours		OT CIRCUIT						
Date First New Oil Run	Date First New Oil Run To Tank:					Producing Method: (Flow, pump, gas, lift, etc)							
Length of Test:	Tubing Pressure:				Casing Pressure: Choke Size:					150			
Actual Prod. Test:	Oil-Bbls.:				Water - Bbls.: GG 100:1				<u> </u>				
GAS WELL To be to	sted; cor	npletion	gauges	:					-OLI	יטי	The same of the sa		
Actual Prod. Test - MCF	Length	of Test	t:		Bbls. Condensate/MMCF:		F: Glaty	@ Hty of Stade sate:					
Testing Method:	Tubing Pressure: (shut-in)				Casing Pressure: (shut-in)			Choke Size:					
VI. OPERATOR C	ERTIF	ICATE	OF	COMPL	IANCE		OI	L CONSE	RYAT	TONO	PIVISIO		
I hereby certify to Division have bee	n complie	ed with a	nd that	t the inf	ormation	given above	1	ال Approved		<i>y</i> 133	· · · · · · · · · · · · · · · · · · ·		
R.W. Wallia	he best of my knowledge and belief Roy W. Williams				••	By 3) 0			Them	ham			
Signature Title: Administrative M	anager	Date	. 1/1	4/91			Tit	le <u>SUPERV</u>	ISOR_	DISTE	NCT #3		
Telephone No. (303) 2	_	200	7	T									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

¹⁾ Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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P.O. Box 2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		TO TRANSPO	ORT OIL A	ND NATURAL GAS	;					
I.										
Name of Operator: Black	wood & Nichols	Co. A Limited P	artnersh	ip W	ell API No.	: 30-039-2	2027			
Address of Operator:	P.O. Box 1237	, Durango, Color	ado 8130	02-1237						
Reason(s) for Filing (chec	k proper area)	: Other	(please	explain)			, , , , , , , , , , , , , , , , , , ,			
New well: Recompletion:		Oil:	Change	e in Transport						
Recompletion: Oil: Dry Gas: Change in Operator: X Casinghead Gas: Condensate:										
If change of operator give	name									
and address of previous op-	erator: <u>Black</u>	wood & Nichols C	o., Ltd.							
II. DESCRIPTION	OF WELL	AND LEASE								
Lease Name: Well No.: Pool Name, Including Formation: Kind Of Lease Lease No.										
LOCATION					··	rederat or		SF-079060		
Unit Letter: P; 11	190 ft. from th	e South line and	d 1045 f	t. from the Ea	st line					
Section: 20	Township: 30	Range: 71	J, NMPH,	County: Ric	Arriba					
III. DESIGNATION	OF TRAN	SPORTER O	FOIL	AND NATU	RAL GAS	3				
Name of Authorized Transpo Giant Transportati	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267									
Name of Authorized Trnsptr El Paso Natural Ga	•	Gas: or Dry	Address (Give address to send approved copy of this form.) P.O. Box 990, Farmington, NM 87499							
If well produces oil or ligive location of tanks.	quids, Unit	Sec. Twp.	Rge.	Is gas actu				When? 4/80		
If this production is commi	ingled with tha	t from any other	lease or	pool, give co	ommingling o	rder number	<u>-</u>			
IV. COMPLETION I	ATA									
Designate Type of Completi	on (X) Oil We	ll Gas Well	New Wel	ll Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded: D	<u>l</u>	Total Depti		P.B.T.D.						
	ate Compl. Rea	· 			<u> </u>		P.B.(I.D.;			
Elevations (DF, RKB, RT, G	R, etc):	Name of Produc	ing Forma	ion: Top Oil/G		s Pay: Tubing Depth:		epth:		
Perforations:					Depth Casing Shoe:					
	TUB	ING CASING	AND	CEMENTIN	G RECOR	D				
HOLE SIZE	CASING	4 TUBING SIZE		DEPTH SE	Г	SACKS CEMENT				

V. TEST DATA AND										
		fter recovery of or be for full			oil and must	be equal to	o or exceed	top allowable		
Date First New Oil Run To	Tank: Date of	Test:		Producing Method: (Flow, pump, gas, lift, etc)						
Length of Test:	ength of Test: Tubing Pressure:			Casing Pres	sure:	1,572	Choke Size:	(h)		
Actual Prod. Test:	Oil-Bbls.:			Water - Bbl:	s.: \\r\s\	J WAT	INN COSTO			
GAS WELL To be teste	ed; completion	gauges:					ON-DI	Was to the second		
Actual Prod. Test - MCFD:	Length	of Test:		Bbls. Condensate/MMC		ty of Indonsate:				
Testing Method:	Tubing (shut-i	Pressure: n)		Casing Pres	sure:	Choke Size:				
VI. OPERATOR CER		 	IANCE		OIL	CONSER	MOLTAY	PIVISION		
I hereby certify that Division have been c is true and complete	OIL CONSERVATION DIVISION Date Approved									
R. W. Walham Signature		Title SUPERVISOR DISTRICT								
Title: Administrative Mana		THE SUPERVISOR DISTRICT 13								

Title: Administrative Manager Telephone No.: (303) 247-0728

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