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Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Name of Operator:	Blackwood & Nichols Co. A Limited Partnership	Well API No.:	30-039-24364
Address of Operator:	P.O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for Filing (check proper area):	Other (please explain) _____		
New well:	Change in Transporter of:		
Recompletion:	Oil:	Dry Gas:	
Change in Operator: X	Casinghead Gas:	Condensate:	
If change of operator give name and address of previous operator: Blackwood & Nichols Co., Ltd.			

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 423	Pool Name, Including Formation: Basin Fruitland Coal	Kind Of Lease State, Federal Or Fee:	Lease No. SF-079042
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LOCATION

Unit Letter: A; 655 ft. from the North line and 740 ft. from the East line

Section: 8 Township: 30N Range: 7W, NMPN, County: Rio Arriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: or Condensate: X Giant Transportation	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Trnsprtr of Casinghead Gas: or Dry Gas: X Blackwood & Nichols	Address (Give address to send approved copy of this form.) P.O. Box 1237, Durango, CO 81302-1237					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 8	Twp. 30N	Rge. 7W	Is gas actually connected? No	When?

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

IV. COMPLETION DATA

Designate Type of Completion (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded:	Date Compl. Ready to Prod.:				Total Depth:		P.B.T.D.:	
Elevations (DF, RKB, RT, GR, etc):		Name of Producing Formation:			Top Oil/Gas Pay:		Tubing Depth:	
Perforations:					Depth Casing Shoe:			

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank:	Date of Test:	Producing Method: (Flow, pump, gas, lift, etc)	
Length of Test:	Tubing Pressure:	Casing Pressure:	Choke Size:
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	Gas-MCF:

GAS WELL To be tested; completion gauges:

Actual Prod. Test - MCFD:	Length of Test:	Bbls. Condensate/MMCF:	Gravity of Condensate
Testing Method:	Tubing Pressure: (shut-in)	Casing Pressure: (shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R.W. Williams
Signature
Title: Administrative Manager
Telephone No.: (303) 247-0728
Date: 11/9/90

OIL CONSERVATION DIVISION

NOV 13 1990
Date Approved
By [Signature]
Title SUPERVISOR DISTRICT #3

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 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill, deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.

SUBMIT IN TRIPLICATE

1. Type of Well: oil well ☐ gas well ☒ other ☐
2. Name of Operator: Blackwood & Nichols Co., A Limited Partnership
3. Address of Operator: P.O. Box 1237, Durango, CO 81302-1237
4. Location of Well: (Footage, Sec., T., R., M., or Survey Description)

655' FNL, 740' FEL - Section 8, T30N, R7W

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

5. Lease Designation & Serial #:

SF-079042

6. If Indian, Allottee/Tribe Name

7. If Unit or CA, Agmt. Design.:

Northeast Blanco Unit

8. Well Name and No.:

W.E.B.U.# 423

9. API Well No.:

30-039-24364

10. Field & Pool/Explrty Area:

Basin Fruitland Coal

11. County or Parish, State:

Rio Arriba, New Mexico

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMITTANCE

TYPE OF ACTION

☐ Notice of Abandonment

☒ Subsequent Report

☐ Final Abandonment Notice

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other: Convert to Pressure Observation Well

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

The NEBU #423 has been converted to a pressure observation well. A pressure bomb will be periodically run across the Fruitland perforations to monitor formation pressure as adjacent Fruitland wells are produced.

The designated proration unit for the NEBU #423 has been replaced by the NEBU #423R (redrill).

RECEIVED

FEB 01 1991

OIL CON. DIV

14. I hereby certify that the foregoing is true and correct.

Signed: James K. Williams ROY W. WILLIAMS

Title: ADMINISTRATIVE MANAGER

Date: 2-1-91

(This space for Federal or State office use)

Approved By _____ Title _____
Conditions of approval, if any: _____

MOCD

APPROVED

FEB 01 1991

AREA MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.