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

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Name of Operator: Black	wood & Nich	ols Co. A Lin	nited Partner	ship		Well A	Pl No.: 30-0	39-24448
Address of Operator: P.	O. Box 1237	, Durango, C	olorado 813	02-1237				
Reason(s) for Filing (che	ck proper are	ea):		lease explair				
New Well:				ange in Tra	nsporter of:			
Recompletion:			Oil:		Dry Gas:	X		co G
Change in Operator:			ghead Gas:		Condensate:	1,70	n0. n	ge only
If change of operator give	e name and a	address of pr	evious opera	itor:	-			. ()
II. DESCRIPTION OF	WELL AN	DIFASE						
Lease Name: Well No.: Pool Name, Including form				rmation:	Kind of Lea	SA	Lease No.	
Northeast Blanco Unit	477		n Fruitland		State, (Federal), or Fee:		Lease No.	SF-079060
LOCATION:					, (,	,,		0. 0.000
Unit Letter	: H; 1650	ft. from the	North line a	nd 1160 ft.	from the Ea	ast line		
		nip: 30N i						
III. DESIGNATION OF	FTRANSP	ORTER OF	OIL AND N	IATURAL (GAS	· · · · · · · · · · · · · · · · · · ·		
Name of Authorized Transpor	ter of Oil:	or Condensa	te: X	Address (Give	address to se	nd approved co	opy of this form	i.)
Giant Transportation				P.O. Box 12999, Scottsdale, AZ 85267				
Name of Authorized Trnsptr of Casinghead Gas: or Dry Gas: X				Address (Give address to send approved copy of this form.)				
Meridian (3535 E. 30th, Farmington, NM 87401							
If well produces oil or liquids,		Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When?
give location of tanks.		Н	29	30N	7W		Yes	Nov-92
If this production is comming	ed with that fro	m any other lea	ise or pool, give	e commingling	order number:			
IV AOMOLETICALDA								
IV. COMPLETION DA			T 141 16	r				T
Description (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Pług Back	Same Rest	V
Date Spudded:	Date Comp		rod:		Hatal Danih		D D T D :	
8/28/89	Date Comp	10-1	-0/A/89		Total Depth	3199'	P.B.T.D.:	3199'
Elevations (DF DV	GR etc):	Name of Pr	_		Top Qil/Ga		Tubing Dep	
οχ51' KB	, 011, 010,		n Fruitland		Top Giasou	3049'	rubing Dep	3078'
Perforations Open hole,		Depth Casing Phoe:						
•	•	,	,				Z" @ 3049)'
	TUBING	CASING	AND CE	MENTING	RECORD			
HOLE SIZE		G & TUBIN			TU CET	SAC	CKS CEME	MT
	0/10111	<u> </u>		52,	(D)	SAC	E BB	
					- 111		I I F I	5
	1	•••				Dog		#
				1		478	994, E	
V. TEST DATA AND					4	COM	Sa	
OIL WELL (Test must be a	after recovery of	total volume of k	ad oil and must	be equal to or e	xceed top allowa	ble for this depth	W 1 24	hrs.)
Date First New Oil Run To Ta	ank:	Date of Test:		Producing Me	ethod: (Flow, p	ump, gas eli	tc.)	
Length of Test:		Tubing Pressure:		Casing Pressure:			Choke Size:	
Actual Prod. Test:		Oil-Bbls.:		Water-Bbls.:			Gas-MCF:	
GAS WELL	To be tested;	completion gau		Y			· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCFD: Testing Method:		Length of Test: Tubing Pressure: (Shut-in)		Bbls. Condensate/MMCF: Casing Pressure: (Shut-in)			Gravity of Condensate: Choke Size: ISERVATION DIVISION	
VI ODERATOR CERT	TOU CONS							
VI. OPERATOR CERTIFICATE OF COMPLIANCE					died with	OIL CONS		
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.						Date Annual d		2 4 1994
A ,	aboye is tide 8	ina compete to t	IN DOOL OF HIS KIN	OMIGUNA SIN DE	irot.	Date Approved		
AL Kecker Al Rector					By Bill Chang			
Signature							SUPPRIME	OR DISTRICT
Title: District Superintendent Date: 2/25/14 Title								- DISTRICT T
Telephone	No.: (303)	247-0728		(

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.