

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240	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 1-89 See Instructions at bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		RECEIVED FEB 01 1990
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		OIL CON. DIV. DIST. 3
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
Operator Blackwood & Nichols Co., Ltd,		Well API No. 30-039-24490
Address P.O. Box 1237, Durango, CO 81302-1237		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Northeast Blanco Unit	Well No. 479	Pool Name, Including Formation Basin Fruitland Coal
Kind of Lease State, Federal or Fee	Lease No. SF 079060	
Location Unit Letter K : 2510 Feet From The South Line and 1640 Feet From The East Line Section 20 Township 30N Range 7W, NMPM, San Juan County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil Giant Transportation	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 12999, Scottsdale, AZ 85267
Name of Authorized Transporter of Casinghead Gas Blackwood & Nichols Co., Ltd,	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1237, Durango, CO 81302-1237
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When ?
	NO	June 1990
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
		X
Date Spudded 8-08-89	Date Compl. Ready to Prod. 10-18-89	Total Depth 3147' 3510'
Elevations (DF, RKB, RT, GR, etc.) 6313' GL	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 3190' 3186'
Perforations Open hole completion with an uncemented liner.	Depth Casing Shoe 3302'	
TUBING, CASING AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
12.25"	9.625"	323'
8.75"	7.000"	3146' 173 +
6.25"	Liner; 2960-3515'	3505'
	2.375"	3302'
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)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
GAS WELL		
Actual Prod. Test - MCF/D 27	Length of Test 30 Days	Bbls. Condensate/MMCF 3 BWD
Testing Method (pilot, back pr.) Pumping	Tubing Pressure (Shut-in) 192 psig	Casing Pressure (Shut-in) 829 psig
Gravity of Condensate N/A		
Choke Size N/A		
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.		
Signature William F. Clark Printed Name 16 Jan '90 Date Title (303) 247-0728 Telephone No.		
OIL CONSERVATION DIVISION Date Approved FEB 13 1990 By SUPERVISOR DISTRICT 13 Title		

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 only 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.