Suomit 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

Energy, Minerals and Matural Resources Department

OIL CONSERVATION DIVISION

State of New Mexico

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I.

Name of Operator:	Black	Blackwood & Michols Co., Ltd.						Well API	No.: 30-	039-24785		· · · · · · · · · · · · · · · · · · ·		
Address of Operator:														
Reason(s) for Filing (check proper area): Other (please explain)														
New well: X	change in transporter of:													
Change in Operator: Oil: Casinghead Gas								Dry Gas: Condensate:						
If change of operator give name and address of previous operator:														
II. DESCRIPTION	OF	WELL :	AND	LEA	SE									
Lease Name: Northeast Blanco Unit		ell No.: Pool Name, Including Fo					orn Coa	nation: al		Kind Of Lease State, Federal Or Fee:			e No. 179043	
Unit Letter: G;	Unit Letter: G; 1650 ft. from the North line and 1400 ft. from the East line													
Section: 9	Townshi			- T	it, 10	EN , (Cou	nty: Rio A	rribe					
III. DESIGNATIO	n of	TRAN	BPOR	TER	OI	P OIL	A	ND NATU	JRAL G	A8		·		
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 Trnsptr 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 l give location of tanks.	iquids,	quids, Unit Sec. Twp. Rge. 7W					T						⁷ 8/90	
If this production is com	mingled	with the	t from	any c	ther	lease o	r p	ool, give co	mmingling	order numbe	r: _			
IV. COMPLETION	DATA													
Designate Type of Complet	ion (X)	Oil Wei	11 6	as We	ll	New We	ll	Workover	Deepen	Plug Back	Samo	e Res'v	Diff Restv	
Date Spudded: 5-29-90 Date Compl. Ready to Prod.: 6-20-90									Total Depth: 3200		Ρ.	P.B.T.D.: 3200		
Elevations (DF, RKB, RT, GR, etc). Name of Producing Forms 6325' KB 6311 64 Fruitland Coal								on:	Gas Pay: 58°	Tubing Depth:		oth:		
Perforations: 2967-3196¹ (8 HPF, 0.625) ○ H 2958 - 3200								Depth Casing Shoe: 5" a 3198' 7" a 2958'						
TUBING CASING AND CEMENTING RECORD														
HOLE SIZE	 	CASING & TUBING SIZE						DEPTH SET	SACKS CEMENT					
12.25"	 	9.625*						3131		295 cf Class B				
8.75" 6.25"	┼	7.000"						29581		786 cf Howco Lite/147 cf Class B				
0.25		5.500" Liner 2.875"						2898 - 319 3106'	Uncemented					
V. TEST DATA AN	D DR			AT.		DE P	7		* * * * *		- 1	lone		
	pe of load o	il and mu	st peregual	to or	exceed t	top allowable								
Date First New Oil Run To				or be for full 24 hours Test:				Pr.AUGI.			E	A E W		
Length of Test:		Tubing F	ressure:				¢	(Flow, pump	Me: DI		Ghoke	3 Te 19	90	
ctual Prod. Test: Oil-			il-Bbls.:					Water - BBls	Gas-MCF:					
GAS WELL To be test	(* choke)			ر م	S TSIC									
Actual Prod. Test - MCFD: 9955 MCFD (wet)		ngth of Test:					Bbls. Conden	nsate/MMCF	· · · · · · · · · · · · · · · · · · ·					
Testing Method: Completion Gauge	Tubing Press (shut-in)			sure: 1400 psig				Casing Press (shut-in)	ure: 1425 pa	Choke Size: 3/4" choke				
VI. OPERATOR CERTIFICATE OF COMPLIANCE								OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Co Division have been complied with and that the information g is true and complete to the best of my knowledge and belief							aiv	Date Approved AUG 1 7 1990					90	
N/W/12 Yours	Roy W. Williams							By			A	7		
Title:Administrative Manager	7/20	7/26/90						SUPERVISOR DISTRICT			RICT #3			
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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.