Submit 5 copies

Appropriate District Office

PISTRICT 1

P.O. Box 1980, Hobbs, NM 88240

Chergy, Hinerals and Hatural Resources Department

OXL CONSERVATION DIVISION

Revised 1-1-80 See Instructions at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, HM 68210
DISTRICT III
1000 Rio Bratos Rd., Aztec, NM 87410

P.O. Box 2086 Sante Fe, New Mexico 87504-2068

REQUEST FOR ALLOWABLE AND AUTHORIZATION

O RIO BESTOR RO., AZTEC, NO. DIVIO	TO TRANSPORT OIL AND NATURAL GAS

Name of Operator:	Blacks	Blackwood & Michola Co., Ltd. Well API No.1 30-039-24795										
					do 8130	2-1237						
Address of Operator:						explain)	*· <del>*</del> **********************************			<del>,,,,,,</del>		
Reason(s) for Filing (cho	eck prope			V 11111	· <del>-</del>	In Transporte						
New well: X Recompletion:				oil:			Dry (					
Change in Operator:		Casinghead Gess					Çandı	(ondensate)				
If change of operator gland address of previous												
II. DESCRIPTION	OF W	BLL 1	AND L	rabe								
Lease Name: Mortheast Blanco Unit	Well No.						Kind State	i Of Lease te, Federal Or Fee: E-178-1				
LOCATION Unit Letter: M;	1060 ft.	from the	e South I	line and	1105 ft.	, from the Yes	t line					
Section: 16	Township	: 30N	Range	74, 101	rw, c	ounty: Rio Ar	ribe					
III. DESIGNATIO	ON OF	TRAN	BPORT	BR OF	OIL	AND NATU	RAL G	N8				
inme of Authorized Trans	ome of Authorized Transporter of Oil: or Condensate: X Address (Gi						re address . Box 129	e address to send approved copy of this form.) Box 12999, Scottsdale, AZ 85267				
Name of Authorized Trasp	neptr of Casinghead Gas: or Dry Gas: X ARRANONO NICHOLS CO CTEL					Address (Give address to send approved copy of this form.) P.O Box (237 DRANGO CO 843						
If well produces old or give tocation of tanks.			Sec. 16	1 mp. 30N	£9*.	je gas actua	illy conne	ity connected? No			8/90	
if this production is co	mmingled	with the	t from an	.1	lease or	pool, give co	mingling	order number	`			
IV. COMPLETION	DATA											
				New Wel	LL Workever	Deepen	Plug Back	Same	Res'y	Diff Res'y		
Date Spudded: 6-27-90	Date Cor	mpl. Ree	dy to Pro	×d.: 7.	30-90		Total Dep	tal Depth: 3168: P.B.T.D.: 3168:				
Elevations (DF, RKB, RT, 6244) UG	GR, etc	GR, etc): Name of Producing Form Fruitland Coal			itloni	top Oil/Ges Peys 2861*			Tubing Depths 2969*			
Perforations: 2875-2894'; 2915-2931';	7017.71L	\$1 /A NO	F 0.625	1			Depth Ca	eing Shoes		7- a zi	3811	
2013-504-1 5413-5431.	3013 314				AND	CEMENTIN	RECO	RD				
HOLE \$12E	1	CASING & TUBING \$12E					DEPTH SET SACKS CEMENT				IT.	
12.254	<del></del>	9.625*				3151		295 of Class & Heat				
8.75*	**		7.000*			28811		726 of Class 8/148 of Class 8				
6.25"			5.500" L	iner		2822 - 31	- 1	I) Intendo led in				
	2.875"					2969'						
V. TEST DATA A	(Test m	ust be a	fter reco	every of	total vo	otume of load	oil and m	<u></u>	· A		4 1990 top allowable	
Date First New Oil Run		or this depth or be for full 24 hours ank: Date of Test:				Producing Method: (flow, pump, gas, lift, etc)			DIST. 3			
Length of Test:		Tubing Pressure:				Casing Pres		Choke Size:				
Actual Prod. Tests		Oll-Bbls.:				Water - Bbls.:			Gas-HCF:			
GAS WELL to be to	ested; co	mpletion	gaugest	8,948	MCLD (5	pitot, mist)	; 527 BP0			·		
Actual Prod. Test - MCF 8,948 MCFD (m	Ď:	Length of test:			Bbls. Condensate/MMCF: Gravity of Condensate: M/A							
Testing Methods Completion Gauge	. <del></del>	Tubing Pressure: (shut-in) 1050 puls				Casing Pressure: Choke Size: 2m pitot					pitot	
VI. OPERATOR C 1 hereby certify Division have been 1s true and comp R. W. M.	that the	rules and ed with the he best	d regulat	fons of the infoutedge	the Oil (	conservation given above	Dat	Approved Priginal Signs	UG d by C	13 HARLE	1990 S GHOLSON CTOR, DIST.	
Signature  Sittle: Operations Monay telephone No.: (303):  INSTRUCTIONS: This form	247-0728	Det	· 814	40	th fula	1104						

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.

\*Moridian Oil Cothering Inc. \*Northwest Pipeline

P. O. Box 48900, Salt Lake City, UT 84158-0900

