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, Himerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

1.			م ح	2505									
Name of Operator: Bl	ackwood &	Nichols		Limited F	Partnersh	ip Well A	PI No.:	30-039	7-24878				
Address of Operator: P.	0. Box 12	37, Duran	go, C	olorado 8	31302-1237	7				DE	G E	IV	E
Reason(s) for Filing (c	heck prop	er area):		Other	(please	explain) _			E/\	7			
New well:				Oil:	Change	e in Transpo		_	_	_ J/	AN3 G	1991	•
Recompletion: Change in Operator: X	ł		y Gas Indens			CO1							
											CON		A.
If change of operator g and address of previous		: Blackwo	od & 1	Nichols Co	o., LTD						DIST	. 3	
•	·												
II. DESCRIPTIO					1 12 -		1	1.00	 		Т		
Lease Name: 2//7 Northeast Blanco Unit	Secondary Well No.:			Name, Inc Basin Fr	pal 7/629 State			of Lease , <u>Federal</u> Or Fee: SF-(e No. 179060		
LOCATION													
Unit Letter: B;	225 ft	. from th	e Nor	th line ar	nd 1640 f	t. from the	East line	•					
Section: 17	Township	: 30N	Ran	nge: 7 ¼, N i	ири, с	ounty: Rio	Arriba						
III. DESIGNATI	ON OF	TDANS	DOE	WED O	P OTT.	AND NAT	PITDAT.	GNG					
Name of Authorized Trans				ndensate:		Address (send ap	oroved	CODY O	f this f	form.)
Giant Transportation						P.O. Box 12999, Scottsdale, AZ 85267							
Name of Authorized Trns Blackwood & Nic		singhead	Gas:	or Dry	Gas: X	Address (G	ive addre						
If well produces oil or	liquids,	Unit	Sec.	Тыр. 30М	Rge.	Is gas ac		<u>-</u>			When		
give location of tanks.		B	17			l						1-91	
If this production is co	ngled parama	with that	from	any other	r lease or	pool, give	commingli	ing or	der numbe	r:	.		
IV. COMPLETICE	DATA												
Designate Type of Compl	etion (X)	Oil Wel	۱ ۱	Gas Well X	New Wel	l Workove	r Deepe	n P	lug Back	Same	Res'v	Diff	Res
Date Spudded: 9-1-90 Date Compl. Ready to Prod.: 9-24-90							Total	Total Depth: 3167 P.			B.T.D.:	3 167'	
Elevations (DF, RKB, RT, GR, etc): Name of Producing 6279' RKB Fruitland						ation: Top Oil/							
Perforations: Open hole no liner								Depth Casing Shoe: 7" at 2930"					
		TUBI	NG	CASING	AND	CEMENTI	NG RE	CORE					·
HOLE SIZE				ING SIZE		DEPTH SET SACKS CEMENT							
12.25"		9	.625"			3201			295 cf Cl			lass B	
8.75"		X_000"				2930	1	743	3 cf 65/3	Mix/148 Class B Neat			
		2	.375"		\mathcal{A}	2915	F						
V. TEST DATA A	ND RE	QUEST	FOF	ALLO	MABÍR								
OIL WELL				ecovery of for full		Turne of load	d oil and	must	be equal	to or	exceed	top all	owable
Date First New Oil Run	Date of				Producing Method: (Flow, pump, gas, lift, etc)								
Length of Test:	Tubing F	ressu	ıre:		Casing Pressure:				Choke Size:				
Actual Prod. Test:	Oil-Bbls.:				Water - Bbls.:				Gas-	Gas-MCF:			
GAS WELL To be to	ested: con	noletion o	auges	s: 1.808	MCFD (2"	pitot dry):	TSTM BPDW			<u></u>			
Actual Prod. Test - MCF 1,808 MCFD (dr)	Length o	of Tes	st:					Gravity	Gravity of Condensate:				
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) 1210 psig				Casing Pressure: (shut-in) 1490		neia	Choke Size:					
VI. OPERATOR C	ERTIF	<u> </u>				1 Condit II			CONSE	RVAT		 -	
I hereby certify	that the r	ules and	regul	ations of	the Oil C							V 4.1	
	d with and that the information g e best of my knowledge and belief							prove t	ovet AN 3 0 1991				
PAM/M///			•	_			B ⁻	٧		- K-	1		
Signature	•		liams			Title SUPERVISOR DISTRICT #3							
Title: Administrative M	anager	Date:	1/4	<u> </u>				St	JPERVIS	30A (DISTAI	OT £	3
Telephone No.: (303) 2	47-0728		7	, —									

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
 1) Request for allowable for newly drilled or despend 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.