Submit 5 copies Appropriate District Office DISTRICT 1

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.												
Name of Operator: Black	shood &	Nichols	Co. A	Limited Pa	artnershi	iρ Well API	No.: 30	-039-24946				
Address of Operator: P.O.	Box 12	37, Durai	ngo, Co	olorado 8	1302-1237	7				•		
Reason(s) for Filing (chec	k prope	er area):		Other	(please	explain)						
New well: X					Change	e in Transport	er of:					
Recompletion: 0il: Change in Operator: Casinghead Gas:						Dry Gas: Condensate:						
			ensate:									
If change of operator give and address of previous op						·						
II. DESCRIPTION	OF T	BLL :	AND	LEASE								
Lease Name: Northeast Blanco Unit	Vell No.	.:	Pool	Name, Incl Basin Fru	luding Fo uitland C	rmation: oal		Of Lease e, <u>Federal</u> O	r Fee:		e No. 79060	
Unit Letter: A;	350 ft	. from t	he Nor	<b>th</b> line an	nd 460 f	t. from the Ea	st line					
Section: 20 To	ownship	: 30N	Ran	ge: <b>7</b> W, NM	IPM, C	ounty: Rio Ar	riba					
III. DESIGNATION	N OF	TRAN	<b>SPOR</b>	TER OF	OIL	AND NATU	RAL G	AS				
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, Colorado 81302-1237						
If well produces oil or li give location of tanks.	iquids,	ds, Unit Sec. Twp. Rge. 7M				Is gas actually connected? No When? 2/91					? 2/91	
If this production is comm	ingled	with tha	t from	any other	lease or	pool, give co	ommingling	order numbe	r:			
IV. COMPLETION	DATA											
Designate Type of Completi	ion (X)	Oil We	li (	Gas Well X	New Wel	ll Workover	Deepen	Plug Back	Same	Res'v	Diff Res'v	
Date Spudded: 10-1-90 Date Compl. Ready to Prod.: 12-18-90							Total De	rtal Depth: 3213 P.B.T.D.:3213			3213 •	
Elevations (DF, RKB, RT, GR, etc): Name of Producing Form 63121 RKB 6398 A Fruitland Coal					•	1		Gas Pay: Tubi 20•		ing Depth: 3160'		
Perforations: Open Hole 25 2927-2967'; 2986-3045'; 30			ented	Preperfed	Liner			Depth Casing 5" at 32		7•	at 2920'	
	CEMENTIN	G RECO	RD									
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT				
12.25"			9.625"			313'		295 cf Class B				
8.75"			7.000"			29201			810 cf Howco Lite/148 cf Class B			
6.25"	ļ			Liner		2837' - 321	21		Uncemented			
		2.875"	<del></del>		3160'							
OIL WELL	Test mu	ust be at	fter re	ecovery of	total vo	lume of load o	oil and mu	ıst be equal	to or e	exceed	top allowable	
Date First New Oil Run To Tank: Date of Test:					Producing Method: (Flow, pump, gas, lift,				<del></del>		<del></del>	
Length of Test:		Tubing Pressure:				Casing Pres	Choke Size:					
Actual Prod. Test:		Oil-Bbls.:				Water - Bbls.:			Gas-MCF:			
GAS WELL To be test	ed; con	pletion	gauges	: 10,813	MCFD (2"	pitot light i	mist); 40	D BPDW				
Actual Prod. Test - MCFD: 10,813 MCFD (light mis	Length 1 Hr.	of Tes	st:		Bbls. Condensate/MMC N/A		F: Gravity	: Gravity of Condensate:				
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) 1250 psig				Casing Pres (shut-in)	Casing Pressure: Choke Size: (shut-in) 1245 psig 2" pito			P pitot			
VI. OPERATOR CE							OI	L CONSE	RVAT	ION	DIVISION	
I hereby certify that the rules and regulations of the Oil Co Division have been complied with and that the information of is true and complete to the best of my knowledge and belief						given above						
RWW Minn	Roy W. Williams					,	BY DRIGINAL SIGNED BY ERNIE BUSCH Title DEPUTY OIL & GAS INSPECTOR, DIST. #					
Signature						Tit	le <b>DEPOTY O</b>	L & 64	וועאו כ			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Title: Administrative Manager Telephone No.: (303) 247-0728

- 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.

Date:  $\frac{2/i/\sigma_0}{2}$ 

- 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.