9 Submit 5 copies Appropriate District Office DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

I.

DISTRICT III

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals 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

| Name of Operator: Blackwood | & Michols | Co. A Li | mited Pa | rtnershi | ip k | ell API N | o.: 30-0 45- | 22889 | | | |
|---|-------------------------------|-----------|-----------|--------------------------------|---|---|------------------------|-------------------|-------------------|-----------------------|--|
| Address of Operator: P.O. | Box 1237, | Durango | , Colora | do 8130 | 2-1237 | | | | | | |
| Reason(s) for Filing (check pro | per area): | | Other | (please | explain) | | | | | | |
| New well: | | | 0.11 | Change | e in Transport | _ | | | | | |
| Recompletion: Oil: Dry Gas: Change in Operator: X Casinghead Gas: Condensate: | | | | | | | | | | | |
| If change of operator give name | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| and address of previous operator | | ood & Ni | chols Co | ., Ltd. | | | | | | | |
| II. DESCRIPTION OF | WELL 1 | MD I | ease | | | | | | | | |
| ease Name: Ortheast Blanco Unit Well No.: Pool Name, Including Fool Blanco Mesaverd | | | | uding Fo esaverde | rmation: Kind Of Lease Lease No. State, <u>Federal</u> Or Fee: SF-078581 | | | | e No. F-078581 | | |
| LOCATION Unit Letter: 0; 1190 f | t. from the | : South I | line and | 1830 ft | t. from the Ea | ast line | | | | | |
| Section: 1 To | enship: 30 | l Re | ange: 84, | , NAPH, | County: Sar | n Juan | | | | | |
| III. DESIGNATION OF | TRANS | PORT | er of | OIL | AND NATU | TRAL 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 El Paso Natural Gas | | | | | Address (Give address to send approved copy of this form.) P.O. Box 990, Farmington, NM 87499 | | | | | | |
| If well produces oil or liquids give location of tanks. | , Unit | Sec. | Twp. 30N | Rge. | ls gas actu | lly connected? Yes When? 9/78 | | | | | |
| If this production is commingle | with that | from an | y other | lease or | pool, give co | mmingling | order numbe | r: | <u> </u> | | |
| IV. COMPLETION DATA | | | | | | | | | | | |
| Designate Type of Completion (X | | l Gas | Well | New Wel | l Workover | Deepen | Plug Back | Same | Res'v | Diff Res'v | |
| Date Spudded: Date C | te Compl. Ready to Prod.: | | | | | Total Dep | Total Depth: P.B.T.D.: | | | | |
| levations (DF, RKB, RT, GR, etc): Name of Producing Forms | | | | | tion: | Top Oil/Gas Pay: Tubing Depth: | | | | pth: | |
| Perforations: | | | | | | Depth Casing Shoe: | | | | | |
| · · · · · · · · · · · · · · · · · · · | TUBI | NG CA | SING | AND (| CEMENTIN | G RECO | RD | | - | | |
| HOLE SIZE CASING & TUBING SIZE | | | | | DEPTH SE | | SACKS CEMENT | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND RI OIL WELL (Jest) | | | | | ume of load o | il and my | ot be sound | • | | | |
| • | his depth | or be fo | r full 2 | 4 hours. |) | | st be equat | to or e. | xceed | Cop attowable | |
| Date First New Oil Run To Tank: | nk: Date of Test: | | | | Producing Method: (Flow, pump, gas, lift, etc) | | | | | | |
| Length of Test: | Tubing Pressure: | | | | Casing Pressure: | | | | | | |
| Actual Prod. Test: | Oil-Bbls.: | | | | Water - Bbls.: Gas-MC09 | | | | | | |
| GAS WELL To be tested; co | ompletion g | auges: | | | | | 11 201 | "HI | M. 1 | , | |
| Actual Prod. Test - MCFD: | Length of Test: | | | Bbls. Condensate/MMCF: Gravity | | | of Concessate: | | | | |
| Testing Method: | Tubing Pressure: (shut-in) | | | Casing Pressure: Chol | | Choke Si | Kize: | | | | |
| VI. OPERATOR CERTII | CATE | OF C | OMPLI | ANCE | | OII | CONSE | .VATI | ON I | DIVISION | |
| I hereby certify that the Division have been compli is true and complete to t | ed with an | d that t | he infor | mation g | iven above | | J/Approved | 4N 1 6 | 199 | pivision | |
| R.W. Williams Roy W. Williams | | | | | | Ву | By John Share | | | | |
| Signature Title: Administrative Manager | Na+a- | 1/11/2 | ai | | | Titl | e CR⊵ES AI | sor E | PISTA | e ių TOI I | |
| Telephone No.: (303) 247-0728 | nate: | 44 | ш. | | | | | | | | |
| тетерпоне но.: (303) 247-0/28 | | | | | | | | | | | |

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.

