Submit 5 copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 DISTRICT 11 P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT 111 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

See Instructions at Bottom of Page

Name of Operators: Blackwood & Hickoles Co. A Lisieded Partmentally Well API No.; 30-95-95097  Reason(1s) for filling (check proper areas): Other (please applain)  Reason(1s) for filling (check proper areas): Other (please applain)  Reason(1s) for filling (check proper areas): Other (please applain)  Change in Transporter of:  Change in Gerator: Other (please applain)  Change in Transporter of:  Change in Gerator: Other (please applain)  Change in Transporter of:  Change of operator: Other (please applain)  Change in Gerator of:  Change in Gerator of:  Change in Gerator: Other (please applain)  Change in Gerator of:  Change in Gerator of:  Change in Gerator of:  Change in Transporter of:	I.													
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The comparator:  If change of operators give name and address of previous operators.  IT. DESCRIPTION OF WELL AND LEASE  OIL CON. DIV.  IT. DESCRIPTION OF WELL AND LEASE  DIST. 3  INCREMENTAL WELL AND LEASE  OIL CON. DIV.  IT. DESCRIPTION OF WELL AND LEASE  DIST. 3  DIST. 4  DIST. 3  DIST. 4  DIST.	Reason(s) for Filing (c	heck prop	er area)	:	Other	(please	explain)				<u> </u>			
The comparator:  If change of operators give name and address of previous operators.  IT. DESCRIPTION OF WELL AND LEASE  OIL CON. DIV.  IT. DESCRIPTION OF WELL AND LEASE  DIST. 3  INCREMENTAL WELL AND LEASE  OIL CON. DIV.  IT. DESCRIPTION OF WELL AND LEASE  DIST. 3  DIST. 4  DIST. 3  DIST. 4  DIST.						Change	e in Transport			) E			ľ	Î
If charge of operator give nees and address of previous operator:  II. DBSCRIPTION OF WELL AND LEASE  OIL CON. DIV. I  THE DBSCRIPTION OF WELL AND LEASE  DIST. 3  LOCATION  Unit Letter: N; 1550 ft. from the North Line and 990 ft. from the East Line  Saction: 87 Toumhip: 308 Range: 70, NEWN. COUNTY: San Juan  III. DBSIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Irrapporter of Oil; or Condensate: X  Signat Transportation POOTH CST 3330 Address (Give address to send approved copy of this form.)  If well produces oil or Liquids, Unit Sec. 150, Rage  If well produces oil or Liquids, Unit Sec. 150, Rage  IV. COMPLETION DATA  Dasignate Type of Completion (3) Oil Well Gas Well New Well Workover Deepen Plug Sack Sace Res'v Diff Res'v  OIL COMPLETION DATA  Date Spudded: Date Compl. Ready to Prod.: Total Depth: Total Depth:  IV. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 22 hours.)  Date First New Oil Kun To Tonk: Date of Test: State Producing Method: (Thom, pusp, pas, Lift, etc)  CASING & WELL TO be tested; completion gauges:  Actual Prod. Test: NCTD: Length of Test: State of Testing Method: (Thom, pusp, pas, Lift, etc)  Casing Pressure: Casing Pressure: Casing Pressure: Calcular Prod. Test: Check Size:  Actual Prod. Test: NCTD: Length of Test: State of Testing Method: (Thom, pusp, pas, Lift, etc)  Length of Test: Revenue and the pusp of Test: State of Testing Method: (Thom, pusp, pas, Lift, etc)  Length of Test: Revenue and casing Pressure: Casing P	•	•	110	· 77	<b>.</b>									
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Lease Name: Northeant State, Federal Or Ign: Lease No. State, Fede	II. DESCRIPTIO			'	<b>سا</b> ائی			D! A	1 - 1					
LOCATION   Unit Letter: N; 1450 ft. from the North Line and 990 ft. from the East Line			.:	Pool Name, Including For										_
Section: 07   Township: 30M   Range: 7U, MBEM,   County: San Juan	LOCATION				<del>~</del>			· · · · · · · · · · · · · · · · · · ·	·		·			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil: or Condensate: X  Giant Transportation POOP OF SABO POS ABOVE P.O. Box 12999, Scottadele, AZ 8256  Name of Authorized Transport of Casinghead Gas: or Pry Gas: X  Address (Give address to send approved copy of this form.)  P.O. Box 12999, Scottadele, AZ 8256  P.O. Box 1299, Scottadele, AZ 8256  P.O. Bo	Unit Letter: H;	1450 ft.	. from th	e Nor	th line an	d <b>990</b> ft.	from the Eas	st line						
Name of Authorized Transporter of Oil: or Condensate: X   Address (Give address to send approved copy of this form.)   P.O. Box 12999, Sectistable, AZ 8250-Nime of Authorized Transport of Casinghead Gas: or Dry Gas: X   P.O. Box 12999, Sectistable, AZ 8250-Nime of Authorized Transport of Casinghead Gas: or Dry Gas: X   P.O. Box 12999, Sectistable, AZ 8250-Nime of Mathorized Transport of Casinghead Gas: or Dry Gas: X   P.O. Box 12999, Sectistable, AZ 8250-Nime of Mathorized Transport of Casinghead Gas: or Dry Gas: X   P.O. Box 12999, Sectistable, AZ 8250-Nime of Mathorized Transport of Casinghead Gas: or Dry Gas: X   P.O. Box 12999, Sectistable, AZ 8250-Nime of Mathorized Transport of Casinghead Gas: or Dry Gas: X   P.O. Box 12999, Sectistable, AZ 8250-Nime of P.O. Box 12999, Section of P.O. Box 12999, Sectistable, AZ 8250-Nime of P.O. Box 12999, Section	Section: 07	Townshi	ip: <b>30</b> M	R	ange: 7V, I	MAPH, (	County: San .	Juan						
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If well produces oil or liquids,   Unit   Sec.   Tup.   Reg.   Is gas actually connected?   UAA   UAA   IZ-1-8    If this production is commingled with that from any other lease or pool, give commingling order number:     If this production is commingled with that from any other lease or pool, give commingling order number:     IV. COMPLETION DATA   Designate Type of Completion (X)   UAL   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res'v   Diff Res'v			singhead	Gas:	or Dry	Gas: X	i		• • •					)
give location of tanks. H 7 200 TW 40 TZ-1-81  If this production is commingled with that from any other lesse or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v  Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.S.T.D.:  Elevations (DF, RKB, RT, GR, etc): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:  Perforations: Depth Casing Shoe:  TUBING CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank: Date of Test: Producing Nethod: (flow, papp, gas, lift, etc)  Length of Test: Tubing Pressure: Casing Pressure: Choke Size:  Actual Prod. Test: Oil-Bbls.: Water - Bbls.: Gas-HCF:  GAS WELL To be tested; completion gauges:  Actual Prod. Test - MCFD: Length of Test: Bbls. Condensate/HWCF: Gravity of Condensate: Testing Nethod: (shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE Inhereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  SUPERVISOR CISTRICT 13  SUPERVISOR CISTRICT 13											<del>`                                      </del>		0700	
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I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  By  Title: District Superintendent  Date: 29443  SUPERVISOR DISTRICT 13	VI ODEDATOD C	PDMTP			COMPT	TANOP	(shut-in)	T OTI	CONGRI	DTY3 811	TON		<b>-</b>	
is true and complete to the best of my knowledge and belief.    Signature	I hereby certify t	hat the r	ules and	regul	ations of	the Oil Co				KVAT	TON	DIV.	TRT	ON
Al Rector Signature  Title: District Superintendent  Date: 2/24/43  SUPERVISOR DISTRICT 13								- JAN - 3 1334						
Title: District Superintendent Date: 2/34/43  SUPERVISOR DISTRICT 13	Signature /	12/2 /2					1							
Telephone No.: (303) 247-0728										TRI	<del>_</del> СТ	/3		
	Telephone No.: (303) 2	47-0728												

- 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.
- 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.