Submit 5 Copies
Appropriate District Office
DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	87410 F	EQUEST FO	OR AL	LOWAB	LE AND	AUTHORIZ	ATION				
I. TO TRANSPORT OIL AND						D NATURAL GAS WELL NO.					
Operator Blackwood & Nichols Co., Ltd.							30-045-26883				
Address P. O. Box 1237, Durango, CO 81302-1237							m rafiel m				
Reason(s) for Filing (Check prope						ner (Please explai	in)	9 Web Star #	2	1,2	
New Well		Change in	-				المعادة المعادة	MAY O	41989		
Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate											
Change in Operator Casinghead Gas Condensate If change of operator give name						·		HL CON. DIV.			
and address of previous operator								—— Di S	ST. 3		
II. DESCRIPTION OF V	VELL ANI	LEASE	,							ease No.	
Lease Name Northeast Blanc	ao Unit	Well No. 402	ame, Includii sin Erui	B : 0:12			of Lease No. Federal or Fee SF 079042				
Northeast Bland	OHIC	402	1 54.5								
Unit LetterA	:	790	_ Feet Fr	om TheN	orth Li	ne and <u>970</u>	Fe	et From The	East	Line	
Section 5 Township 30N Range 7W						, NMPM, San Juan County					
III DESIGNATION OF	TRANSPO	ORTER OF O	IL AN	D NATUI	RAL GAS	ı					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUI Name of Authorized Transporter of Oil or Condensate X						Address (Give address to which approved copy of this form is to be sent)					
Giant Industries					P. O. Box 9156, Phoenix, Arizona 85068 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter Unknown at thi	of Casinghead s—time &	Gas	or Dry		Address (G	we daaress to wh	ich approvea	copy of this j	orm is to be se		
If well produces oil or liquids,		Unit Sec. Twp. Rge.					When	When ?			
give location of tanks.			<u> </u>		No				·		
If this production is commingled vIV. COMPLETION DAT	with that from	any other lease or	pool, gi	ve commungi	ing order nun	noer:					
IV. COMPLETION DA		Oil Wel	i (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Com			i_	X	X		<u> </u>	l,	1	_L	
Date Spudded 9-7-88	Dat	Date Compl. Ready to Prod. 12-17-88			Total Depth 3216'		P.B.T.D. 3215	, 1			
Elevations (DF, RKB, RT, GR, et		ne of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
GL 6343' KB 635	,	Basin Frui			3052'-3091'			3005'			
Perforations		,						Depth Casir	ng Shoe		
3042' - 3165'		TIDDIC	CACI	NIC AND	CEMENT	ING RECOR	D	<u> </u>			
HOLE SIZE		CASING & T			CEIVILIVI	DEPTH SET			SACKS CEM	ENT	
12.25"		9 5/8'			316.45			200 sx (236 cf) Class B			
8.75"		7"			2911.00			425 sx (476 cf) HowcoLit			
		2 7/8"-3 1/2"			3005'			100 sx. (118 cf)			
V. TEST DATA AND R	FOUEST F	OR ALLOW	ARLE		<u> </u>						
OIL WELL (Test must	be after recove	ery of total volume	of load	oil and must	be equal to a	or exceed top allo	wable for the	is depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank		Date of Test				Producing Method (Flow, pump, gas lift, et			SECTIVES		
A of Track	Tul	hina Dracaire			Casing Pres	sure		Choke Size			
Length of Test		Tubing Pressure							1 77 1000	l con	
Actual Prod. During Test		Oil - Bbls.			Water - Bbls.			Gas-MCR 1 7 1989			
				 				1	1		
GAS WELL			•					_,			
Actual Prod. Test - MCF/D	I .	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
	Tested When Connected bing Pressure (Shut-in)			- Will Be Pumped to Dew Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Tu	bing Pressure (Shi	II-in)		Casing Fie	ssare (Snorm)					
VI. OPERATOR CER	TIFICAT	T OF COM	PLIA	NCE			10551	ATION	DIVIOIO	781	
I hereby certify that the rules	and regulation	ns of the Oil Conse	ervation			OIL COM	ISEHV	AHON	DIVIDIO	N	
Division have been complied	with and that	the information gi	ven abov	/e				AY VI	1000		
is true and complete to the bo	a of my know	vicage and belief.		,	Dat	te Approve	d <u>is</u>	ni vi	1000		
W. Min	, Z	Was	4			Original	Signed by	FRANK T. C	HAVEZ		
Signature					By.	·					
William F. Cla	ark	Operation	<u>s Man</u> Title	ager_	Titl	0	SUPERVISO	R DISTRICT	9		
April 10, 1989	9	303-2				<u></u>					

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 only 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.