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, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.											
Name of Operator:	Blac	kwood & Nic	hols Co., Ltd	ı.	Well API	No.: 30	-045-27243				
Address of Operator:	P.O.	Box 1237,	Durango, Colo	rado 8130	02-1237						
Reason(s) for Filing (c					explain)	-					
New well: X					e in Transpor	ter of:					
Recompletion:			Oil:		·	_	Gas:				
Change in Operator:			Casin	ghead Gas:	:	Cor	densate:				
If change of operator g and address of previous											
II. DESCRIPTIO						·					
Lease Name: Well No Northeast Blanco Unit 424		o.: Pool Name, Including Fo Basin Fruitland C			rmation: coal		d Of Lease te, Federal (Or Fee:	Lease No. r Fee: SF-079043		
LOCATION Unit Letter: F;	2400 ft	from the	North line an	nd 1330 ft.	. from the W e	st line					
Section: 4	Township	: 30N	Range: 7V, MM	IPM, Col	unty: San Ju	an .					
III. DESIGNATI					7						
Name of Authorized Trans Giant Transport	X	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267									
Name of Authorized Trnsp Blackwood & Nic	Gas: X	Address (Give address to send approved copy of this form.) P. O. Box 1237, Durango, Colorado 81302-1237									
If well produces oil or give location of tanks.	liquids,	Unit Sec. Twp. Rge. 7M			Is gas actually connected? No When? 1-91						
If this production is co	mmingled	with that	from any other	r lease or	pool, give c	omminglin	g order numbe	r:			
IV. COMPLETION						·					
Designate Type of Comple	tion (X)	Oil Well	Gas Well	New Wel	l Workover	Deepen	Plug Back	Same R	les'v	Diff Res'v	
Date Spudded: 4-27-90 Date Compl. Ready to Prod.: 8-31-					Total Depth: 3030*			P.8.	P.B.T.D.: 3030		
Elevations (DF, RKB, RT, 6154' F): Name of Producing Format Fruitland Coal			tion:	Top Oil/Gas Pay: 2739'		Tubi	Tubing Depth:			
Perforations: 3005-3027'; 2967-2836';	2814-277					Depth Ca 5.5	sing Shoe: D: liner at 3	יז;י828י;	at 2	27391	
TUBING CASING AND					CEMENTING RECORD						
HOLE SIZE			TUBING SIZE		DEPTH SET SACKS CEMENT						
12.25"		9.625"			3081		295 cf Class B Neat				
8.75"		7.000"			27391		726 cf 65/35 POZ/148 cf Class B Neat				
6.25 ^H	1.000			00" liner		26641 - 30281					
	- 	2.875"			29661		Uncemented				
V MPCM DAMA A	ID DE				2,00	-	<u> </u>				
V. TEST DATA A OIL WRLL	(Test m	ust be after	r recovery of	total vol	ume of load o	oil and mu	ıst be equal	to or ex	ceed 1	top allowable	
Date First New Oil Run To Tank:		is depth or be for full 24 hours. Date of Test:			Producing Method: (Flow, pump, gas, lift, etc)						
Length of Test:		Tubing Pressure:						Choke S	Choke Size 8 1990		
ctual Prod. Test:		Oil-Bbls.:			Water - Bbls.: Gas-MCF:						
GAS WELL To be tes	ted; con	apletion gau	ges: 18,000	MCFD (wet	3/4" choke)	TSTM RPDL	1	// 	₩ 167	L DIV	
Actual Prod. Test - MCFD 18,000 MCFD (wet	Length of Test: 1 Hr.				Bbls. Condensate/MMCF: Gravity of Condensate:			:			
Testing Method: Completion Gauge	Tubing Pre	Tubing Pressure: (shut-in) 1320 psig			g Pressure: Choke Size: 3/4" choke						
VI. OPERATOR CI	RTIF	ICATE O					L CONSE	VATT			
I hereby certify th Division have been	at the r	ules and reg d with and	gulations of t that the info	the Oil Cor	ven above		Approved			_ 19 90	
R. M. M. M. Muni	ce to the		y knowledge a Williams	nd belief.	•	Ву					
Signature	_ _	•	<i>i</i> 1.			Titl		<u>ز بر ب</u>	<u>e</u>	broom	
Title: Administrative Man	-	Date: <u>1</u>	117/90				SUP	ERVIS	OR D	DISTRICT	
Telephone No.: (303) 247	7-0728					I					

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.