Submit 5 copies Appropriate District Office

DISTRICT 1

P.O. Box 1980, Fobbs, 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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Name of Operator:	Blackwood & Nichols Co., Ltd. Well API No						45-27263				
Address of Operator:	P.O. Box 1237	, Dura	ngo, Color	ado 8130	2-1237						
Reason(s) for Filing (check proper area): Other (please explain)											
New well: X											
ecompletion: Oil: hange in Operator: Casinghead Gas:					Dry Gas: Condensate:						
If change of operator give and address of previous op										<del></del>	
II. DESCRIPTION		AND	LEASE	-			<del></del>				
	/ell No.: 453		Name, Inc	luding Fo	rmation:		Of Lease e, Federal Or	Fee:		e No. 79042	
LOCATION Time C. CO. C.											
Unit Letter: M, 930' from the South Line & 610' from the West Line											
Section: 6 Township: 30N Range: 7W, NMPM, County: San Juan											
III. DESIGNATION	N OF TRAN	SPOR	RTER O	FOIL	AND NATU	RAL G	AS				
· · · · · · · · · · · · · · · · · · ·							address to send approved copy of this form.) Box 12999, Scottsdale, AZ 85267				
Name of Authorized Trnsptr of Casinghead Gas: or Dry Gas: X Blackwood & Nichols Co., Ltd.					Address (Give address to send approved copy of this form.) P.O., Box 1237, Durango, CO 81302-1237						
If well produces oil or li give location of tanks.	quids, Unit Sec. June 6.			Is gas actually connected? No When? 12/90							
If this production is comm	ningled with the	at from	any other	r lease or	pool, give co	ommingling	order number	•			
IV. COMPLETION	DATA										
Designate Type of Complet	ion (X) Oil We	ll	Gas Well X	New We	ll Workover	Deepen	Plug Back	Same	Res'v	Diff Res'v	
Date Spudded: 10-27-89 Date Compl. Ready to Prod.: 04-11-90						Total Dep	oth: 30971	P.E	3.T.D.:	30971	
Elevations (DF, RKB, RT, GR, etc): Name of Producing Formation: 6176' GL Fruitland Coal							Top Oil/Gas Pay: Tubing Depth: 3033'				
Perforations: 2890							Depth Casing Shoe:				
Open hole with an uncemented pre-perforated liner. (2889'-3097')  TUBING CASING AND CEMENTING							5.50"liner 3090"; 7" a 2889"				
HOLE SIZE	,		BING SIZE	AND	DEPTH SE	······································					
12.25"		9.625"					287 cf Class B Neat				
8.75#	7.000"				28891		422 cf Poz Mix/144 cf Class G				
6.25"	5.500" liner				28211-309	2821'-3090'		Uncemented			
	2.875"										
V. TEST DATA AN	D REQUESI	FO	R ALLO	WABLE							
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		f Test:			Producing M	Producing Method: (Flow, pump, gas, lift, etc)					
Length of Test:	Tubing	Pressure:			Casing Pres	N	Choke	Size:			
Actual Prod. Test:	Oil-Bb			Water - Bbls.:			GMAY 07 1990				
GAS WELL To be test	ted; completion	gauge	s: 3311	MCFD (we	t) 2" pitot, a	nd 939 BW	。 C	IL (	CON	I. DIV	
Actual Prod. Test - MCFD: 3311 (wet) MCFD	of Te	st: 1 Hr.		Bbls. Condensate/MMG N/A		Gravity of Company					
Testing Method: Completion Gauge	Tubing (shut-	Press in)	ure: 1500 p	sig	Casing Pres (shut-in)				Choke Size: 2 <b>* pitot</b>		
VI. OPERATOR CERTIFICATE OF COMPLIANCE							L CONSE	RVAT	ION	DIVISION	
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 130 the best of my knowledge and belief.							Date Approved MAY 2 1 1990				
William F. Clark							By				
Signature 2 M. 40						Tit	Title Town				
Title: Operations Manager Date: 3 May 90							SUPER	VISOF	R DIST	TRICT #3	
Telephone No.: (303) 247	7-0728										

- 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.