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Appropriate District Office
DISTRICT J
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Biazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	<u>T</u>	OTRA	NSP	ORT OIL	AND N	ATURAL	GAS							
Operator										Well AFI No.				
Blackwood & Nich	30-045-27309													
P.O. Box 1237, D	urango,	81302-	1237		100	克 斯 的								
Reason(s) for Filing (Check proper box)	•				o	ther (l'lease	explair			de i				
New Well X		Change in	•				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Laura	الكا				
Recompletion	Oil Coringhood		Dry G Conde					نازيان 💮	% O 193 9					
Change in Operator If change of operator give name	Casinghead	Gas	Conde	nate []		·····			ON. B	Ν.				
and address of previous operator														
II. DESCRIPTION OF WELL.														
ease Name Well No. Pool Name, Includi					_			1	Kind of Lease State, Federal or Fee		Lease No.			
Northeast Blanco Unit		432	Bas	in Frui	tland C	oal		Scate,	receive of rec	SF 07	9042			
Location Unit Letter A	. 195'			No	orth .	79	n' .	_	et From The _	Fact				
Olik Zeller	- :		Feel I	rom The	<u> </u>	ine and		Fe	et From The _	Last	Line			
Section 7 Township	, 30N		Range	7W		NMPM,	Sa	ın Juan			County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS														
Name of Authorized Transporter of Oil	 	or Conden					to whic	h approved	copy of this fo	rm is to be se	eni)			
Giant Transportation						Address (Give address to which approved copy of this form is to be sent) P.O. Box 12999, Scottsdale, AZ 85267								
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)									
Northwest Pipeline									Lt Lake City, UT 84158-0900					
If well produces oil or liquids, give location of tanks.	Unit :	Sec.	Twp.	Rge.	Is gas actua	ally connecte	ed7	When	¹ Februar	y 1990				
If this production is commingled with that	from any othe	r lease or p	pool, g	ive conuningl	J	mber:		!	· · · · · · · · · · · · · · · · · · ·					
IV. COMPLETION DATA						-								
Designate Type of Completion	- (X)	Oil Well	<u> </u>	Gas Well	New We	ll Workov	ver	Deepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded		Ready In	Prod	X	Total Dept	<u>. l</u>			P.B.T.D.	<u> </u>	<u></u>			
08-26-89						3216'				3216'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth					
6146' GL	Basin Fruitland Coal				3021' .			•	3190'					
Perforations										Depth Casing Shoe				
				121 4 4 1 12	CELLENT	CINICI DEC			<u> </u>					
UOLE 817F	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			<u>,</u>	SACKS CEMENT					
HOLE SIZE	9.625"				312'				288 cf Class B					
8.75"		7.000"			3004'				807 cf Class G 65/35					
	2.875"					3190'			144 cf Class G					
	N EXR				<u> </u>		2 84	2 N %	R In					
V. TEST DATA AND REQUES OIL WELL (Test must be after r	I FUR A	LLUWA	ADLE of loss	s i oil and must	he equal to			vable for the	depth	for full 24 hou	urs.)			
Date First New Oil Run To Tank Date of Test					Producing Method Flow, pump, gas lift, etc.)									
							FEB	01 199	U					
Length of Test	Tubing Pres	sure			Casing Pre	ssure	1	ON	Choke Size					
					Water - Bt			DIST. 3	Gas- MCF					
Actual Prod. During Test	Oil - Bbls.				Maret - Dr) l8.		//31. 3	Gas- McI					
	1								<u> </u>					
GAS WELL To be tested;	Comple	tion g	auge	es: 410	5 MCFD	(3/411 c	<u>choke</u>	e) and	960 BWD.	ondensale	 ·			
Actual Plot. Text - MICIAD	Lenguror	CAL			Boils. Com	30113-4311111	٠.							
Testing Method (pitot, back pr.)	(pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size					
	1475					N/A			<u>. </u>					
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE				~~~\	ATION	DIVICIO	N			
I hereby certify that the rules and regulations of the Oil Conservation									ATION		1			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief:						2-	7-9	0	FEB	07199	31			
is the sind comprese to the oca of the showing of being.						te Appr	oved	1						
William Hland						Original Signed by FRANK T. CHAVEZ								
Villiam F. Clark Operations Manager						SUPERVISOR DISTRICT#3								
Printed Name			Title		Th	le		_		-ioinicj	ਜ ਤ			
	(303)	247-0	728	N-		· ·								
Date] ele	phone	140,	11									

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.

 The state Form C-104 rank the filed for each root in multiply completed wells.