Submit 5 copies
Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Matural Resources Department

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

at Bottom of Page

4.															
Name of Operator: Blac	kuood &	Nichols	Co.	A Limited F	artnersh	iip	Well API	No.: 30	-045-27817	,					
Address of Operator: P.O.	Box 12	37, Duran	go,	Colorado 8	1302-123	7				6		_			
Reason(s) for Filing (che	ck prop	er area):		Other	(please	exp	olain)			Ų			VE.		
New well: Change in Transpo										W					
Recompletion: 0il: Change in Operator: X Casinghead Gas:									Dry Gas: JAN 3 0 1991						
If change of operator given and address of previous of		: Blackwo	od &	Nichols Co	. LTD							ON IST.	I. DIV. 3		
II. DESCRIPTION	OF I	MELL 1	ND	LEASE											
Lease Name: Northeast Blanco Unit	heast Blanco Unit 441R				luding Fourtland (orma Coal	tion:		ind Of Lease tate, <u>Federal</u> Or Fee:			Lease No. SF-078615A			
Unit Letter: G ;	1360 ft	. from th	e No	orth line an	nd 1670 f	ft.	from the Ea	ast line							
Section: 24	lownship	: 30N	Ra	ange: 84, N	IPH, C	Coun	ty: San Ju	Jan							
III. DESIGNATIO	N OF	TRANS	PO	RTER O	OIL	Al	UTAN ON	RAL G	AS						
Name of Authorized Transporter of Oil: or Condensate: X Giant Transportation						_	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267								
Name of Authorized Trnsptr of Casinghead Gas: Blackwood & Nichols				: or Dry Gas: X			Address (Give address to send approv P. O. Box 1237, Durango, Co								
If well produces oil or l give location of tanks.	Unit G	Sec. Twp. Rge. 8W			1	Is gas actually connected? No				When? 1-91					
If this production is com	mingled	with that	fro	any other	lease o	r po	ol, give co	ommingling	order num	ber:					
IV. COMPLETION	DATA														
Designate Type of Complet	ion (X)	Oil Wel	ı	Gas Well X	New We	iii	Workover	Deepen	Plug Bac	k S	Same Res	v [iff Res v		
Date Spudded: 9-25-90 Date Compl. Read				dy to Prod.: 11-20-90				Total De	oth: 3257		P.B.T.D	P.B.T.D.:3257			
Elevations (DF, RKB, RT, GR, etc): 6372' RKB				e of Produc Fruitl	ing Forma		en:	1	Gas Pay:		Tubing Depth:				
Perforations: Open Hole N	lo Liner	. Open H	ole	2978 - 3257				Depth Ca	sing	/	7≝ at 2	2984 1			
		TUBI	NG	CASING	AND	CE	MENTIN	G RECO	RÐ						
HOLE SIZE		CASING & TUBING SIZE					DEPTH SE	SACKS CEMENT							
12.25"		9:625"					3421		295 cf C				lass B		
8.75"		7.0004					2978		744 cf 65/		/35 Poz Mix/148 cf Class B				
						_									
			.375		$\frac{1}{X}$	_	29841								
V. TEST DATA AN OIL WELL	(Test mu	st be aft	er r	ecovery of	total vo	olumi	e of load o	oil and mu	ıst be equa	al to	or excee	d top	allowable		
			depth or be for full 24 hours. ate of Jest:				Producing Method:								
ength of Test:			Fubing Pressure:				(Flow, pump, gas, lift, etc) Casing Pressure:				Choke Size:				
Actual Prod. Test: Oil-B			bls.:				ater - Bbl		Gá	Gas-MCF:					
GAS WELL To be test	ted: com	pletion o	auge	es: 700 i	4CFD (2*	nit	ot heavy mi	ist) - 600	RDOU	-		_			
Actual Prod Test - MCFD: 700 MCFD (heav	···	th of Test:				bls. Conde			Gravity of Condensate:						
resting Method: Tubing Completion Gauge (shut-i				ure: 1460 ps	ig	C	Casing Pressure: (shut-in) 143		c: Choke Size: 2			P pitot			
VI. OPERATOR CE	RTIF	ICATE	OF	COMPL	IANCE			OI	L CONS	ERV	ATION	DI	VISION		
I hereby certify the Division have been is true and complet	complie	d with an	d th	at the info	rmation	give			Approved						
Signature			-	lliams		-		By Titl	ه کی	7	e d				
Title: Administrative Man	ager	Date:	1	25/91					SUPE	RVI	SOR DI	STR	ICT #3		
Telephone No.: (303) 247	-0728		I	,											

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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.