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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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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: **Blackwood & Nichols Co. A Limited Partnership** Well API No.: 30-045-27817

Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237

Reason(s) for Filing (check proper area): Other (please explain) _____

New well: ☒ X

Change in Transporter of:

Recompletion: _____

Oil: _____

Dry Gas: _____

Change in Operator: _____

Casinghead Gas: _____

Condensate: _____

If change of operator give name

and address of previous operator: _____

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**OIL CON. DIV.
DIST. 3**

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 441R	Pool Name, Including Formation: Basin Fruitland Coal	Kind Of Lease State, Federal Or Fee:	Lease No. SF-078615A
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LOCATION

Unit Letter: G; 1360 ft. from the North line and 1670 ft. from the East line

Section: 24 Township: 30N Range: 8W, MPM, County: San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: or Condensate: <input checked="" type="checkbox"/> X Giant Transportation	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267
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Name of Authorized Trnspr of Casinghead Gas: or Dry Gas: <input checked="" type="checkbox"/> X Blackwood & Nichols	Address (Give address to send approved copy of this form.) P. O. Box 1237, Durango, Colorado 81302-1237
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If well produces oil or liquids, give location of tanks.	Unit G	Sec. 24	Twp. 30N	Rge. 8W	Is gas actually connected? <input checked="" type="checkbox"/> No	When? 1-91
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If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion (X)	Oil Well	Gas Well <input checked="" type="checkbox"/> X	New Well <input checked="" type="checkbox"/> X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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Date Spudded: 9-25-90	Date Compl. Ready to Prod.: 11-20-90	Total Depth: 3257'	P.B.T.D.: 3257'
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Elevations (DF, RKB, RT, GR, etc): 6372' RKB	Name of Producing Formation: Fruitland Coal	Top Oil/Gas Pay: 2978'	Tubing Depth: 2984'
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Perforations: Open Hole No Liner. Open Hole 2978'-3257'	Depth Casing 7" at 2984'
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TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	342'	295 cf Class B
8.75"	7.000"	2978'	744 cf 65/35 Poz Mix/148 cf Class B
	2.375"	2984'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

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 Tank:	Date of Test:	Producing Method: (Flow, pump, gas, lift, etc)	
Length of Test:	Tubing Pressure:	Casing Pressure:	Choke Size:
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	Gas-MCF:

GAS WELL To be tested; completion gauges: **700 MCFD (2" pitot heavy mist); 600 BPDW**

Actual Prod. Test - MCFD: 700 MCFD (heavy mist)	Length of Test: 1 Hr.	Bbls. Condensate/MCF: N/A	Gravity of Condensate: N/A
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) 1460 psig	Casing Pressure: (shut-in) 1435 psig	Choke Size: 2" pitot

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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 to the best of my knowledge and belief.

R.W. Williams
Signature

Roy W. Williams

Title: Administrative Manager

Date: 12/11/90

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved **JAN 18 1991**

By [Signature]
Title **SUPERVISOR DISTRICT #3**

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.