9 Submit 5 copies Appropriate District Office DISTRICT I

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

State of New Mexico Energy, Minerals and Matural Resources Department

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

| Name of Operator: Bla | ckwood & | Nichols | Co. A Li | mited P | artnershi | ip W | ell API No. | : 30-045- | 24855 | | | |
|---|----------------------|-------------------------------|------------|-------------|--|--|--|--|-----------|----------------------|---|--|
| Address of Operator: | P.O. | Box 1237 | , Durango | , Color | ado 8130 | 2-1237 | | | | | | |
| Reason(s) for Filing (che | eck prop | er area) | : | Other | (please | explain) | | | | | | |
| New well: Change in Transporter of: | | | | | | | | | | | | |
| Recompletion: Oil: Change in Operator: X Casinghead Gas | | | | | | Dry Gas: : Condensate: | | | | | | |
| If change of operator given and address of previous | | : Black | Jood & Ni | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| II. DESCRIPTION | | | | | <u> </u> | <ord.< td=""><td></td><td></td><td></td><td></td><td></td></ord.<> | | | | | | |
| Lease Name: Well No.: Pool Name, Including Fo Northeast Blanco Unit 208 South Los Pinos Fruitla | | | | | | rmation: nd Picture Cl | iff Kind Of Lease No. Lease No. NM-03358 | | | | | |
| LOCATION Unit Letter: N; | 790 ft. | from th | e South (| line and | 1750 f | t. from the W e | est line | | | | | |
| Section: 12 Township: 31N Range: 7W, NMPM, County: San Juan | | | | | | | | | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | | | | | | | |
| 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: or Dry Gas: X Northwest Pipeline | | | | | | Address (Give address to send approved copy of this form.) P.O. Box 90, Farmington, NM 87499 | | | | | | |
| If well produces oil or give location of tanks. | N | N 12 31N 7W | | | Is gas actually connected? Yes When? 9/81 | | | | | [?] 9/81 | | |
| If this production is com | | with tha | t from an | y other | lease or | pool, give co | ommingling o | order numbe | r: | | | |
| Designate Type of Completion (X) Oil Well Gas Well New Wel | | | | | | l Workover | Deepen | Deepen Plug Back Sam | | ame Res'v Diff Res'v | | |
| Date Spudded: Date Compl. Ready to Prod.: | | | | | | | Total Depth: | | P.B.T.D.: | | | |
| Elevations (DF, RKB, RT, GR, etc): Name of Producing Form | | | | | ing Forma | tion: | on: Top Oil/Gas Pay: | | | Tubing Depth: | | |
| Perforations: | | <u> </u> | | | | Depth Casing Shoe: | | | | | | |
| | | | | | | | veptii casi | ng snoe: | | | | |
| TUBING CASING AND C | | | | | | | G RECOR | RD | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | | DEPTH SET | | SACKS CEMENT | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | . | | | | | | | | | | |
| V. TEST DATA AN | ID RE | ОПВЯТ | FOR | A T.T.OW | ARLE | | ······································ | | | • | *************************************** | |
| | (Test mu | ust be af | ter reco | very of | | lume of load o | oil and musi | ribe Gu | to on | W-E | copplowable | |
| Date First New Oil Run To | Date of Test: | | | | Producing Method: (Flow, pump, gas, lift, etc) ANT 61991 | | | | | | | |
| Length of Test: | Tubing Pressure: | | | | Casing Pressure: Choke Size: | | | | | <i>a</i> | | |
| Actual Prod. Test: | Oil-Bbls.: | | | | Water - Bbls.: Gas HCF | | | | | | | |
| GAS WELL To be tes | ted; com | pletion | gauges: | | | | | | | | | |
| Actual Prod. Test - MCFD: | | Length of Test: | | | | Bbls. Condensate/MMCF: | | Gravity of Condensate: | | | | |
| Testing Method: | | Tubing Pressure: (shut-in) | | | | Casing Pressure: (shut-in) | | Choke Size: | | | | |
| VI. OPERATOR CE | | | | | | | OIL | CONSE | VAT. | ION . | DIVISION | |
| I hereby certify that the rules and regulations of the Oil Conse Division have been complied with and that the information give | | | | | | iven above | | OIL CONSERVATION DIVISION JAN 1 6 1991 Date Approved | | | | |
| is true and complete to the best of my knowledge and belief | | | | | • | Ву | By 3 1 | | | | | |
| Signature | Roy W. Williams | | | | | Title | TitleSUPERVISOR DISTRICT 43 | | | | | |
| Title: Administrative Mad | nager | Date | : <u> </u> | <u> 9</u> 0 | | | | | | | | |
| Telephone No.: (303) 243 | 7-0728 | | | | | | 1 | | | | | |

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.