9 Submit 5 copies Appropriate District Office

DISTRICT I P.O. Box 1980, Hobbs, 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 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

I.										
Name of Operator: Black	wood & Nic	hols Co.	A Limited P	artnershi	P W	ell API No.	: 30-045-2	6404		
Address of Operator:	P.O. Box	1237, Du	rango, Color	ado 8130	2-1237					
Reason(s) for Filing (chec	k proper a	rea):	Other	(please	explain)					
New well:				Change	in Transport					
Recompletion:	Recompletion: Oil: Dry Gas: Change in Operator: X Casinghead Gas: Condensate:									
If change of operator give and address of previous op		<u>lackwood</u>	& Nichols C	o., Ltd.						
II. DESCRIPTION	OF WEI	LL ANI	LEASE		Sival					
Lease Name: Northeast Blanco Unit Well No.: Pool Name, Including South Los Pinos Fruit					rmation: Kind Of Lease nd Picture Cliff State, Federal Or Fe				Lease No. ee: SF-079010	
LOCATION	700 64 64	- +b- Ma	math line end		fnom the He	ne lina				
Unit Letter: D;	ryo rt. me	an the mo	Mrtin time and	2 000 T	II OH LITE WE	ast time				
Section: 26	Township	o: 31N	Range: 71	J, MMPH,	County: San	Juan				
III. DESIGNATION	OF TE	RANSPO	ORTER OF	OIL	AND NATU	RAL GAS	3	<u> </u>		
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 liquids, Unit Sec. Twp. Rge. give location of tanks.					Is gas actually connected? Yes When? 1/86					
If this production is comm					pool, give co	ommingling o	rder number	! r:		
·			•							
IV. COMPLETION I			· · · · · · · · · · · · · · · · · · ·	l					T	
Designate Type of Completion (X) Oil Well Gas Well New W					l Workover	Deepen	Plug Back	Same 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					tion:	Top Oil/Ga	Top Oil/Gas Pay: Tubing Depth:			
Perforations:					Depth Casing Shoe:					
	T	UBING	CASING	AND	CEMENTIN	G RECOR	D			
HOLE SIZE CASING & TUBING SIZE					DEPTH SE	SET SACKS CEMENT				
	1									
								4610.		
								10		
					1/100					
V. TEST DATA AN	D REQU	est f	OR ALLO	WABLE		<b>(D)</b>	- 31	613 01	7	
					lume of load o	oil and mos	Wales of	to	I top allowable	
			be for full	24 hours.				<u> </u>	<u> </u>	
Date First New Oil Run To Tank:		te of Te	st:		Producing Method: (Flow, pump, gas, lift, etc.)					
Length of Test:		bing Pre	ssure:		Casing Pressure:			Choke Size:		
Actual Prod. Test:		Oil-Bbls.:			Water - Bbls.:			Gas-MCF:		
GAS WELL To be test	ed; comple	tion gau	ges:		+		+			
Actual Prod. Test - MCFD:	ength of Test:			Bbls. Condensate/MMCF:		Gravity	Gravity of Condensate:			
Testing Method:		Tubing Pressure: (shut-in)			Casing Pressure: (shut-in)		Choke Size:			
VI. OPERATOR CE	RTIFIC	ATE O	F COMPL	IANCE		OIL	CONSE	RVATION	DIVISION	
I hereby certify the	at the rule	s and reg	ulations of	the Oil Co	onservation	Data	Approved			
Division have been complied with and that the information is true and complete to the best of my knowledge and beli					iven above Date Approved			<del></del>		
Roy W. Williams						ву				
Signature						Title	End Glang			
Title: Administrative Man	ager	Date: _/	11/10			9	GFEAWS.	OR DISTRI	CT An	

Telephone No.: (303) 247-0728

SUFERVISOR DISTRICT (13

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out Sections 1, 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.

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.

