Submit 5 copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec. NM 87410

DISTRICT III

State of New Mexico Energy, Minerals and Matural 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

Santa Fe, New Mexico 87504-208

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Name of Operator: Blackwood & Nichols Co. A Limited Partnership Well API No.: 30-045-27298 Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237 Reason(s) for Filing (check proper area): EURIVE Other (please explain) New well: Change in Transporter of: Recompletion: Oil: Dry Gas: OCT 2 9 1990 Change in Operator: X Casinghead Gas: Condensate: If change of operator give name OIL CON. DIV Blackwood & Nichols Co. Ltd. and address of previous operator: DIST. 3 II. DESCRIPTION OF WELL AND LEASE Well No.: Lease Name: Northeast Blanco Unit Pool Name, Including Formation: Basin Fruitland Coal Kind Of Lease State, Federal Or Fee Lease No. E-3150-1 LOCATION Unit Letter: G; 1850 ft. from the North line and 1780 ft. from the East line Section: 36 Township: 31N Range: 84, NMPM, County: San Juan III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil: or Condensate: X Address (Give address to send approved copy of this form.) **Giant Transportation** P.O. Box 12999, Scottsdale, AZ 85267 Authorized Trnsptr of Casinghead Gas: Address (Give address to send approved copy of this form.) or Dry Gas: Blackwood & Nichols P. O. Box 1237, Durango, Colorado 81302-1237 If well produces oil or liquids, give location of tanks. Unit Twp Rge. Is gas actually connected? When? 10/90 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Designate Type of Completion (X) New Well Workover Deepen Plug Back Diff Restv Same Res'v P.B.T.D.: 3361 Date Spudded: Date Compl. Ready to Prod.: Total Depth: 11-14-89 3-3-90 3364 Elevations (DF, RKB, RT, GR, etc): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth: 6467' RKB Fruitland Coal 3065 33221 Perforations: Open hole with an uncemented preforated lines Depth Casing Shoe: 5.50: liner at 3363'; 7" at 3065' (30651-33641) TUBING CASING AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE DEPTH SET SACKS CEMENT 12.25" 9.625 228 117 cf Class B 8.75 7.000" 3065 689 cf 65/35 POZ/118 cf Class B <del>3.300</del> 0.23 3363 Uncellented *1*875" V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top altowable OIL WELL for this depth or be for full 24 hours.) Date First New Oil Run To Tank: Producing Method: (Flow, pump, gas, Date of Test: etc) OCT 2 4 1990 Choke Size: Length of Test: Tubing Pressure: Casing Pressure: Actual Prod. Test: Oil-Bbls.: Water - Bbls.: GA8 WELL To be tested; completion gauges: 4652 MCFD (wet 2" pitot); 960 BPDW Prod. Test - MCFD: 4652 MCFD (wet) Bbls. Condensate/MMCF: N/A Gravity of Condensate: Length of Test: 1 Hr. Testing Method: Completion Gauge Tubing Pressure: (shut-in) 825 psig Casing Pressure: (shut-in) 1515 psi Choke Size: 2" pitot OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Date Approved OCT 29 1990 is true and complete to the best of my knowledge and belief. By Roy W. William Signature

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

Title: Administrative Manager

Telephone No.:

(303) 247-0728

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

SUPERVISOR DISTRICT #3

- 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.