Submit 5 copies Appropriate District Office DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

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

I.

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT III

OIL CONSERVATION DIVISION

State of New Mexico

Energy, Minerals and Natural Resources Department

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: Blac	kwood & N	ichols	Co. A Li	mited Pa	rtnershi	ip Well API	No.: 30-	045-27710				
Address of Operator: P.O.	Box 1237	, Duran	go, Colo	orado 81	30/ 1237	7					-	
Reason(s) for Filing (che	ck proper	area):		Other	(please	explain)		in	) [	3 6	Win	
New well:					Change	e in Transport						
Recompletion: Change in Operator: X				Oil: Casingh	ead Gas:	!	Dry G Conde	as: ఏ% nsate:	a .ΙΔ!	N 3 0	1991	
If change of operator giv	a nama								_			
and address of previous o		Blackwo	od & Nic	hols Co.	LTD			Ę			i DIV.	
TT DECORTORION		977 W	ATTO T	DA CH					i.	DIST.	3	
II. DESCRIPTION OF WELL AND LEASE  Lease Name: Well No.: Pool Name, Including Forma							Kind Of Lease Lease No.					
Northeast Blanco Unit 498 Basin Fruitland C						oal	State, Federal Or Fee: NM-03358					
LOCATION Unit Letter: L;	1500 ft.	from th	e South	line and	3 790 f	t. from the <b>W</b> e	est line					
Section: 13 Township: 31N Range: 7W, NMPM, County: San Juan												
III. DESIGNATIO	N OF	'RANE	PORT	er of	OIL	AND NATU	IRAL GA	ន				
Name of Authorized Transp Giant Transportat	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 Blackwood & Nichols						Address (Give address to send approved copy of this form.) P. O. Box 1237, Durango, Colorado 81302-1237						
If well produces oil or l give location of tanks.	iquids, U	Init L	Sec. 13	Twp. 31N	Rge.	Is gas actually connect		ted? No		When? 1-91		
If this production is com	ningled wi	th that	from ar	ny other	lease or	pool, give co	mmingling	order numbe	r:			
IV. COMPLETION	DATA											
Designate Type of Complet	ion (X)	Oil Wel	l Gas	Well X	New Wel	l Workover	Deepen	Plug Back	Same	Res'v	Diff Res'v	
Date Spudded: 6-5-90 Date Compl. Ready to Prod.: 11-2-90							Total Dept	th: 33851	: 33851 P.B.T.D.:33851			
Elevations (BF, RKB, RT, GR, etc): Name of Producing Forma 6457' RKB Fruitland Coal						tion:	n: Top Oil/Gas Pay: Tubing Depth: 3077'					
Perforations: Open Hole No Liner. Open Hole 3074'-3385'						Depth Casing 7" at 3074"						
TUBING CASING AND						CEMENTING RECORD						
HOLE SIZE		CASING & TUBING SIZE				DEPTH SE	· · · · · · · · · · · · · · · · · · ·	SACKS CEMENT				
12.25"		9.625"				3091		29	295 cf Class B Neat			
8.75"		<b>X</b> 000"				30741		75	759 cf 65/35 Poz Mix			
	-											
	<u> </u>	2	.875"	$\sim$		3077'			<del>-</del>			
V. TEST DATA AN OIL WELL	(Test must	t be eff	/ ter reco	very of t	total ve	tume of load o	oil and mus	t be equal	to or e	exceed 1	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:	th of Test: Tubing Pressure:					Casing Pres	<del></del>	Choke Size:				
Actual Prod. Test:	Oil-Bbls.:					Water - Bbl		Gas-MCF:				
GAS WELL To be test	ted; compl	etion g	jauges:	919 MCI	FD (2" p	itot dry); TSI	TN BPDW				war i wa	
Actual Prod. Test - MCFD: 919 MCFD (dry)					Bbls. Conde		Gravity of Condensate:			:		
Testing Method: Completion Gauge	1	Tubing Pressure: (shut-in) 1450 psig		Casing Pressure: (shut-in) 1500 ps		Choke S	Choke Size: 2 <sup>m</sup> pitot					
VI. OPERATOR CE	RTIFI	CATE	OF C	OMPLI	ANCE		OII	CONSE	RVAT:	CON 1	DIVISION	
I hereby certify that the rules and regulations of the Oil Co Division have been complied with and that the information g is true and complete to the best of my knowledge and belief						given above						
RMWillin	illy Kiloi L Willia				Ву	Title Track.						
Signature							Title	Title 2-2. SET SET AC				
Title: Administrative Mar Telephone No.: (303) 247		vate:	4501	<u>-11</u>				, ·	'			
тетерноне ко.: (303) 24/	·U/40											

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

3) Fill out Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.

<sup>1)</sup> 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.