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

1.														
Name of Operator: Bl	ackwood &	Nichols	Co.	A Limited	Partners	ship	p i	dell API I	No.:	30-045-	277	775		
Address of Operator:				ango, Colo										
Reason(s) for Filing (c	heck prop	er area)	:	Othe			explain)							
New well: Recompletion:				Oil:	Char	nge	in Transport	_				그래 젊는 다음이	(29 년) 설립	
Change in Operator: X					Casinghead Gas:			•	' Gas dens	sate:		OCTEG	nen Ei	
If change of operator g	ive name					-								
and address of previous	operator	:B1	ackw	ood & N	ichols	. C	Co. Ltd.	-		(	)	L CON DIST.	DIVJ	
II. DESCRIPTIO												<i>Digi.</i>	<u> </u>	
Lease Name: Northeast Blanco Unit	Well No 486	lett No.: Pool Name, Including Fo 486 Basin Fruitland (								d Of Lease No. ate, Federal Or Fee: SF-078988				
LOCATION	1/70 44			AL 15	. 0/5	• .								
Unit Letter: L;	1470 Tt.	. Trom th	ie 500	uti line an	KI 865 1	rt.	from the Wes	st line						
Section: 19	Township	: 31N	Ra	ange: 6⊌, N	MPM,	Co	unty: San Ju	uan						
III. DESIGNATI	on of	TRAN	spo	RTER O	F OII	. 1	AND NATU	JRAL G	AS					
Name of Authorized Transporter of Oil: or Condensate: X							Address (Give address to send approved copy of this form.)							
Giant Transportation						$\downarrow$	P.O. Box 12999, Scottsdale, AZ 85267							
Name of Authorized Trnsp Blackwood & Nic		singhead	Gas:	or Dry	Gas: X		Address (Giv					ed copy of <b>lorado 81</b>		
f well produces oil or liquids, Unit Sec. Twp. Rgg jive location of tanks. L 19 31M 6W							Is gas actually connected? No When? 1-91							
If this production is co	mmingled	with tha				or i	pool, give co	omminglin	g or	der numbe	r: .			
IV. COMPLETION									•					
Designate Type of Comple	<del></del>	Oil We	пΤ	Gas Well	New W	الم	Workover	Dagnan	Ta	1.2 2	_			
		<u> </u>		X	X		WOLKOAGI	Deepen	Ž	Back	Ľ	ame Res'v	Diff Res'v	
Date Spudded: 5-22-90 Date Sompl. Ready to Prod.: 7-14-90								Total Depth: 3250			P.B.T.D.:	32501		
Elevations (DF, RKB, RT, GR, etc): Name of Producing Forms 6317° RKB Fruitland Coal							ion:	:				Tubing Depth:		
Perforations:									2945 3136 Shoe:			• •		
2921-3117' Uncemented Pr	redrilled	Liner						5.50	D: (	iner at 3	236	5'; 7 <sup>™</sup> at 2	9451	
		TUBI	NG	CASING	AND	٩	EMENTING	G RECO	RD	)				
HOLE SIZE		CASING & TUBING SIZE					DEPTH SET	ſ	SACKS CEMENT					
12.25"		9.625"					3071		299 cf Class B					
8.75"		7.000"					29451		798 cf Class B/148 cf Class B					
				" liner		4	28731 - 32361		Uncemented					
T			2.875			1	31361		!	<del></del>				
V. TEST DATA A			_								EZ	ുക്കു	i an mi	
	for thi	is depth	or b	ecovery of e for full	24 hours	oli s.)	ume of load o	il and mu	ıst i	be edual	tq	or exceed	top állowable	
Date First New Oil Run To Tank: Date o			f Test:				Producing Method: (Flow, pump, gas, Nift			etc)				
Length of Test:	ength of Test: Tubing			ure:		$\dagger$	Casing Pressure:			<del>;;;</del> †	-	OKE Size:	4.11	
Actual Prod. Test:		Oil-Bbls.:					Water - Bbls		Cals Ner 219 . Date					
							<del></del>				$\geq$	TOUGT		
GAS WELL To be tested; completion gauges: 2039 MCFD (wet 2 Actual Prod. Test - MCFD: Length of Test:														
2039 MCFD (wet)					BDIS. Conder	nsate/MMC	/MMCF: Gravity of Condensate:			Coda Service				
Testing Method: Completion Gauge	Tubing Pressure (shut-in)			ure: <b>250 p</b> s	re: 250 psig			Casing Pressure: (shut-in) 1300		Choke Si	ze:		pitot	
VI. OPERATOR C								OI	L (	CONSE	١٧z		DIVIBION	
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						
is true and complete to the best of my knowledge and belief.						ef.		OCT 2 9 1990						
K.M. Millia	Roy L	Roy W. Williams					Ву							
Signature		1 1					Title			<del></del>				
Title: Administrative Ma	nager	Date:	10/	25/90						SUPER	VIS	SOR DIST	RICT #3	
Telephone No.: (303) 24	7-0728							<u> </u>						

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

<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.

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.