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

I.

State of New Mexico

Energy, Minerals and Materal Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Hexico 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: Black	Mood & N	ichols Co.	A Limite	d Partners	hip Well API	No.: 30-0	39-70390			
Address of Operator: P.O.	Box 1237	, Durango,	Colorado	81302-12	37		IJ		VET	
Reason(s) for Filing (chec	k proper	area):	Ot	•	e explain)		<i>IN</i>	i		
New well: Change in Transporter of: JAN 3 0 1991 Recompletion: Dry Gas:										
Change in Operator: X			Cas	inghead Ga	s:	Conden	_	IL CO	N. DIV.	
If change of operator give and address of previous op		Blackwood	& Nichols	Co., LTD				DIS		
II. DESCRIPTION	OF WE	LL AN	D LEAS	B	Cd	es. Ch	nge ou	` Y		
Lease Name: W Northeast Blanco Unit					ormation: /	rmation: Kind Of Lease Lease No. State, Federal Or Fee: SF-079042				
LOCATION: Unit Letter: J; Surface: 2380 ft. from the South line and 1790 ft. from the East line										
	Bottom	Hole:	1400 ft.	from the N	orth line and	1750 ft. fro	m the East	line		
Section: 8	Townsh	ip: 30N	Range:	7U, NAPH,	County: R	io Arriba				
III. DESIGNATION	OF T	ransp	ORTER	OF OIL	AND NATU	JRAL GA	3			
							address to send approved copy of this form.)			
Name of Authorized Irospe		head Gas	· or D	ry Gas: X		/e address_t	o cond ann	coved copy	of this form	
RI.	il cod das	. 0, 0	., dds. x	P.	A cess (Give address to cond approved copy of this form.) P. 2-1237					
If well produces oil or li give location of tanks.	quids, U	, Unit Sec. Twp. 30N		Rge.	Is gas actu	ally connect	ted? No	Who	When? 2-91	
If this production is comm	ingled wi	th that fi	on any ot	her lease	or pool, give c	ommingling o	rder numbe	r:		
IV. COMPLETION I	DATA									
Designate Type of Completi	on (X) (Oil Well	Gas Wel	l New W	ell Workover	Deepen	Plug Back	Same Res	v Diff Res!v	
Date Spudded: 12-01-90 Date Compl. Ready to Prod.: 1-11-90						Total Dept	otal Depth: 3705' MD P.B.T.D.: 3705' MD 3187' TVD			
Elevations (DF, RKB, RT, GR, etc): Name of Producing Forma 6276 RKB Fruitland Coal						n: Top Oil/Gas Pay: Tubing Depth: 3473' 3667'				
Perforations: Open Hole 3473'-3705' 3503-3702' (MD) Uncemented Preperfed Liner						Depth Casing Shoe: 7" at 3473'				
TUBING CASING AND CEMENTING RECORD										
HOLE SIZE		CYSING F		ZE	DEPTH SE					
14.75"	<u> </u>	10.75			 			1 cf Class B		
9.875		7.625" 5.500" Liner				3473' 1186 c		cf Halliburton Lite/148 cf Class B Uncemented		
			' 5"		36671					
V. TEST DATA ANI	D REQU	JEST F	or ali	OWABLE						
				of total vill 24 hour		oil and must	be equal	то ог ехсее	d top allowable	
		ate of Te			Producing M	Producing Method: (Flow, pump, gas, lift, etc)				
Length of Test:	n of Test: Tubing				Casing Pres	Casing Pressure:		Choke Size:		
Actual Prod. Test: Oil-Bbl					Water - Bbl	Water - Bbls.:		Gas-MCF:		
GAS WELL To be teste	ed; compl	etion gau	ges: 10,0	022 MCFD (2	pitot mist);	TSTN BPDW	g gara speng pamen		•	
10,022 MCFD (mist) 1 Hr.		ength of	Test:		Bbls. Conde	ensate/MMCF: A	Gravity	Gravity of Condensate:		
		ubing Pre shut-in)	ssure:	psig	Casing Pres (shut-in)	Casing Pressure: Choke S (shut-in) psig		ize: 2 ^M pitot		
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL	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 is true and complete to the best of my knowledge and belief.							Date Approved AN 3 () 1991			
RNV notalle	Roy W. I	_			Ву	By				
Signature		, w. I	j /			Title	Title Duck) Chang			
Title: Administrative Mana	Date: 🗸	1. 3/91			5	SUPERVISOR DISTRICT #3				
Telephone No.: (303) 247-	0728	·								

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.