

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Blackwood & Nichols Company, Ltd.	
Address P. O. Box 1237, Durango, Colorado 81302	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Blanco Unit	Well No. 304	Pool Name, including Formation Undesignated Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM03357
Location Unit Letter <u>M</u> : <u>1190</u> Feet From The <u>South</u> Line and <u>1050</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>31N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Industries	Address (Give address to which approved copy of this form is to be sent) P. O. Box 9156, Phoenix, Arizona 85068	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 3539 E. 30th Street, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When	
No	2nd Quarter 1988	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

William F. Clark
(Signature)
Operations Manager
December 10, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 25 1988
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #2

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-10-87	Date Compl. Ready to Prod.		Total Depth 8006'		P.B.T.D. 7954'				
Elevations (DF, RKB, RT, GR, etc.) 6347' GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3290'		Tubing Depth 3358' **				
Perforations 3290' to 3377'						Depth Casing Shoe 8006'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		305'		325 cf *				
8 3/4"	7"		3607'		920+ 236 cf *				
6 1/4"	4 1/2" liner		3448 + 0 8006		748 cf *				
	2 1/16"				-				

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test 11-16-87	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 7,085	Length of Test 3 hours	Bbls. Condensate/MMCF none	Gravity of Condensate
Testing Method (psat, back pr.) Back pr.	Tubing Pressure (Shut-in) 1450	Casing Pressure (Shut-in) 1530	Choke Size 3/4"

*Cement circulated to surface on all cementing jobs.

**Packer set at 3410'