Submit 5 Copies
Appropriate District Office
DISTRICT
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

1

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Biazon Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Blackwood & Nichols Co	a. I.td	_					Well X				
Address		•					30-0	39-24399			
P. O. Box 1237, Durang	go, Col	orado 8	31302-1	237							
Reason(s) for Filing (Check proper box)					Other (Ple	are expla	in)				
New Well 📙		~~~	Transporte								
Recompletion $\bigsqcup_{i=1}^{n}$	Oil	,	Dry Gas	[X]							
Change in Operator	Casinghea	id Gas	Condensa	(¢ _							
f change of operator give name nd address of previous operator											
I. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name					ng Formation			(Lease	Lease No.		
Northeast Blanco Unit		483	Basin	n Frui	tland Coal		State,	Federal or Fee	E-505-	-6	
Location G	175	Λ			North	204	5		East		
Unit Letter	_ :		Feet Fron	n The	Line and		Fe	et From The		Line	
Section 36 Townsh	ip 31N		Range	7W	, NMPM,		Rio Arr	iba		County	
III. DESIGNATION OF TRAN	SPORTI	OF OF O			RAL GAS Address (Give add	ess to wh	ich approved	copy of this for	n is to be se	าป)	
Giant Transportation	ا لگا ا				P. O. Box 12999, Scottsdale, Az. 85267						
Name of Authorized Transporter of Casin	iglicad Gas		or Dry G	2A 🔻	Address (Give add						
*See Below					*See Belo	w		· · · · · ·			
If well prochices oil or liquids, give location of tanks.	Unit G	s ∞. 36	Twp. 31N	Rge. 7W	is gas actually con	nected? No	When	7	/90		
I this production is commingled with that	_1	J	11		ing order number:						
IV. COMPLETION DATA	Tioni any to	7,C1 1C4 & O1	poor, give	continuing.	ing cross maniper.						
Designate Type of Completion	(V)	Oil Wel	l Ga	s Well	New Well Wo	nkover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		Dandu t	_ -		Total Depth		<u> </u>	P.B.T.D.		J	
Date Spaidded	e Spudded Date Compl. Ready to Prod.					10 <u>—</u> 20pa.			P.B. 1.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
l'erforations ,	····		. ,					Depth Casing	Shoe		
		,, 		<u> </u>	CEMENTING	n recon	<u></u>	1.			
HOLEGIZE	TUBING, CASING AND					<u></u>	S/	SACKS CEMENT			
HOLE SIZE	_	CASING & TUBING SIZE			DEPTH SET			Po			
						· 		· [
	-										
								<u> </u>			
V. TEST DATA AND REQUI	EST FOR	ALLOW	ABLE		. h	ad top all	auable for th	ie denth ar he G	r full 24 hou	ure)	
OH, WELL, (Test must be after Date First New Oil Run To Tank	Date of 1		e oj ioaa oi	ana mits	Producing Method				, , , , , , , , , , , , , , , , , , , ,		
Date Like New Oil Kuit 10 1auk	Date of	EM						<u></u>			
Length of Test	Tubing Pressure				Capacage		VE	hoke Size			
						2) (3× 1)	17 (34				
Actual Prod. During Test	Oil - Bbl	5.			Water Bbls.	• • • •	1000	MCF			
					I AU	G1 3	1990				
GAS WELL					OII - C	CON.	DIV.				
Actual Frod. Test - MCI/D	Length o	of Test			THE CHARGON. DIV			Gravity of Condensate			
		N			Casing Pressure (DIST.	3	Choke Size			
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Preside (one my					
VI. OPERATOR CERTIFI	CATE C	F COM	PLIAN	CE				ATION	20.404		
I hereby certify that the rules and rep	ulations of t	he Oil Cons	ervation		∦ OII		NSEHV	NOITA	אומועונ	NIC	
Division have been complied with and that the information given above							ΛΙ	16 1 9	1000		
In true and complete to the best of m	y knowledge	sna bellef,			Date A	pprove	ed	JG 13	1330		
K. IW Williams					11	Original	Signed by	CHARLES G	IULSON		
			<u>_</u> -		Ву						
Roy W. Williams	Admin	<u>istrat</u>	<u>ive Ma</u>	nager		DEPUT	Y OIL & G	as inspecto	R, DIST. #	3	
Printed Name August 9, 1990	(303)	247-07	Tille 728		Title_	DEI UI	, 012 4 0				
Date	, , , , , ,		elephone N	lo.							
+/***			_								

- 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 only 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.

* Meridian Oil Gathering, Inc.

P. O. Box 4289

Farmington, NM. 87499

*Northwest Pipeline Co.

P. O. Box 58900

Salt Lake City, Ut. 84158-0900