Submit 5 Copies
Appropriate District Office
DISTRICT J
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

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

Santa Fe, New Mexico 87504-2088

| I. | TOTE | RANSPO | ORT OIL | AND NA | TURAL G/ | <u> </u> | 61.812 | | | |
|--|--|-------------|---------------|--|--|------------------|-----------------------------------|-----------------------|---------------|--|
| Dierator Blackwood & Nichols Co., Ltd. | | | | | Well AFI No. 30-039-24213 | | | | | |
| Address P. O. Box 123 | 7, Durango, | Color | ado 8130 | 02 | | | | - | • | |
| Reason(s) for Filing (Check proper box) New Well | | | | | Other (Please explain) DECEME | | | | | |
| If change of operator give name | | | | | | 11 | | F-13.1 | | |
| and address of previous operator | | | | | | Oll | CON | DIV. | | |
| II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including | | | | | Kind of Lease No. State Federal or Fee SE 079043 | | | | | |
| Northeast Blanco Unit | 403 | Ba | sin Fru | itland C | Coal | | | 1 51 0 | 75045 | |
| Location Unit LetterH | 1690 | Feet Fi | rom TheN | orth Line | e and119 | <u>)Ó</u> Fe | et From The _ | East | Line | |
| Section 9 Township | 30N | Range | 7W | , Ni | MPM, Rio | Arriba | | | County | |
| III. DESIGNATION OF TRANS | SPORTER OF | OIL AN | D NATU | RAL GAS | | ···· | | | 1 | |
| Name of Authorized Transporter of Oil or Condensate Giant Refining Company | | | | | 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 or Dry Gas Unknown at this time | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | | | Is gas actually connected? When 'No | | | ? | | | |
| If this production is commingled with that for | rom any other lease | or pool, gi | ve commingli | ng order num | ber: | | | | | |
| IV. COMPLETION DATA | | | | | | | 1 5. 5 . 1 | | (Siff Basin) | |
| Designate Type of Completion - | (X) Oil W | /ell | Gas Well X | New Well X | Workover | Deepen | Plug Back | Same Kes v | Diff Res'v | |
| Date Spudded 7-15-88 | Date Compl. Ready to Prod. 10-29-88 | | | Total Depth 3500 ' | | | P.B.T.D. 3447' | | | |
| | Name of Producing Formation | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| 6307' UG Basin Fruitland Coal Perforations 3159'-3186', 3077'-3083', 3018'-3058', 2018'-3058', | | | | 2827' Gas · | | | 3256' | | | |
| Perforations 3159'-3186', 30 | 77'-3083', | 3018'- | 3058', | 2992'-29 | 96', 297 | '4'-2978' | 3500' | g anoe | | |
| | TUBIN | G, CASI | NG AND | CEMENTI | NG RECOR | RD | - ₁ | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | DEPTH SET | | | SACKS CEMENT | | | |
| 12 1/4" | 9 5/8" | | | 536' | | | 325 cf Class B 63 cf 50/50 Poz | | | |
| 8 3/4" | 8 3/4" 7" | | | 3496' | | | 210 cf 50/50 Poz | | | |
| | | | | | | | 795 cf 65/35 Poz | | | |
| | 2 7 | | | | | | 1 /33 6 | | | |
| V. TEST DATA AND REQUES OIL WELL (Test must be after re | T FOR ALLO | WABLE | i | he equal to or | exceed top all | lowable for thi | s depth or be t | or full 24 hos | rs) | |
| OIL WELL (Test must be after re Date First New Oil Run To Tank | Date of Test | me oj ioaa | ou ana musi | Producing M | ethod (Flow, p | ump, gas lift, i | elc.) | | | |
| Length of Test | Tubing Pressure | | | Casing Pressure | | | Choke Size | | | |
| _ | | | | Water - Bbls. | | | Gas- MCI | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | | | | <u> </u> | | |
| GAS WELL | • | | | , | | | T1252222222 | Condensate | | |
| Actual Prod. Test - MCF/D | • | | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | |
| Well to be tested when pipeline connection bed Tabling Method (pilot, back pr.) Tubing Pressure (Shut-in) | | | | omes possible Casing Fressure (Shul-in) | | | Choke Size | | | |
| VI. OPERATOR CERTIFIC I hereby certify that the rules and regula | ATE OF CON | MPLIA! | NCE | | OIL COI | NSERV | ATION | DIVISIO | NC | |
| 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 | | | | | | |
| William & Clark | | | | Ocioinal Signed by EDANK T CHAVET | | | | | | |
| Signature William F. Clark Operations Manager | | | | BySUPERVISOR DISTRICT # 3 | | | | | | |
| Printed Name 202 247 0729 | | | | Title |) | VV | | | | |
| Date March 14, 1989 303-247-0728 Telephone No. | | | | | | | | | | |

INSTRUCTIONS: This form is to be filled 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.