Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRA	ANS	PORT OIL	AND NA	TURAL GA	45	E 51				
Operator The Control of Control o								Well API No. 30-039-27324				
Blackwood & Nichols Co., Ltd.								30-039-27324				
P.O. Box 1237, Durango, Coloradó 81302-1237								n resiver				
Reason(s) for Filing (Check proper box)					Oth	er (Please expl		err na cri	9 3 627)	li Ngi		
New Well XX		~_		sporter of:				DLU1 3	1989			
Recompletion	Oil		Dry					DECL	1000			
Change in Operator Casinghead Gas Condensate								- OL CON. DIV				
If change of operator give name and address of previous operator						Disi: 9						
II. DESCRIPTION OF WELL A	AND LEA	SE						2.5				
Lease Name Well No. Pool Name, Including Formation								Kind of Lease State, Federal or Fee SF 079001				
Northeast Blanco Uni	itland Co	oai .	State,	Federal or Fee	Sr U	79001						
Location Unit Letter $A : 1240'$ Feet From The $North$ Line and 11								et From The _	East	Line		
Section 3 Township 30N Range 7W , NMPM, San Juan County												
THE THEORY INTERPOLATION OF THE ARE	CDADTER	OFO	ATT A	NID NATE	DAL CAS							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										ent)		
Giant Transportation P.O. Box 12999,								Scottsdale, AZ 85267				
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						Address (Give address to which approved copy of this form is to be sent)						
Northwest Pipeline								ake City, UT 84158-0900				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	o, Rge.	Is gas actually connected? When			rebruary 1990				
If this production is commingled with that i	mm any othe	r lease or	nool	oive comming		iber:		rebrua	1 y 1)) O			
IV. COMPLETION DATA	ioni any paic	i icasc oi	poor,	give community	, ing order man							
		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		l	l		Total Depth	<u> </u>	.l	J				
Date Spudded	Date Compl. Ready to Prod.				3149'			P.B.T.D.	3149			
6-09-89 Elevations (DF, RKB, RT, GR, etc.)	8-05-89 Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
6263' GL	Fruitland Coal				•	2973'			2960'			
Perforations	On Trattiana ooar								Depth Casing Shoe			
No liner; open hole	from 29	942'	to 3	3149'								
	TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT 258 cf Class B				
12.25"		9.625"				325 ¹ 2926 ¹			782 cf Class G 65/35 PG			
8.75"	7.000"				2960'			115 cf Class G				
	2.875"				2980							
V. TEST DATA AND REQUES	T FOR A	LLOW	ĀBĪ	Æ								
OIL WELL (Test must be after r	ecovery of tol	al volume	e of la	ad oil and mu	st be equal to o	r exceed top al	lowable for th	is depth or be j	for full 24 hou	ws.)		
Date First New Oil Run To Tank Date of Test						fethod (Flow, p	ump, gas iifi,	elc.)				
					Casing Pressure			Choke Size				
Length of Test	Tubing Pressure			Casing Pressure								
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF					
Actual Flow During 1881	0 20.0							<u> </u>				
GAS WELL To be tested	· Comp	lation	0 02	uges: 1	2 20/ MC	FD (wet.	3/4" Ch	oka) and	2000 BI	VD (est.)		
Actual Prod. Test - MCF/D	Length of T		ı ge	idges. I		nsate/MMCF	3/4 011	Gravity of C	Condensate	D (COLI)		
,,												
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COM	PLI	ANCE		OIL CO	NOED!	ATION	אואוטי	ΩN.		
I hereby certify that the rules and regul	ations of the	Oil Conse	ervatio	on		OIL CO	NOEHV	ATION	ופועוט	JIN		
Division have been complied with and that the information given above								DEO 1 2	1000			
is true and complete to the best of my	knowledge at	Delici.			Dat	e Approv	ed	DEC 1 3	ו וססט			
Willia Hela									1 /			
11 want 1 const								<u> </u>	Ven of			
Signature William F. Clark Operations Manager					Title		SUPE	RVISOR	DISTRICT	#3		
Printed Name 89 (303) 247-0728 (303) 247-0728						9	<u> </u>					
Date	(303)			ne No.								

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.

 † Separate Form (5.104 must be filled for each paul in multiply completed wells.