Submit 5 copies Appropriate District Office DISTRICT I

I.

P.O. Box 1980, Hobbs, NM 88240 DISTRICT 11

P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 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: Bl	ackwood	& Nichols	Co.	A Limited	Partners	hij	Well API	No.: 3	0-039	7-24946					
Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237														RE F	
Reason(s) for Filing (c			į,	7		. 5 5	15								
New Well: Change in Transporter of: Recompletion: Oil: Dry Gas: IANS A 1991														100	
Recompletion: Change in Operator: X		/ Gas:			JAN3	9 1991	4								
If change of operator g	ÇOI	uens	ate:	01	L CO	N_D	W.								
and address of previous operator: Blackwood & Nichols Co., LTD											•	DIST	ſ. 3		
II. DESCRIPTIO	II. DESCRIPTION OF WELL AND LEASE Cier. Change oning														
Lease Name: Northeast Blanco Unit	Well No 413R						mation:	ation: Kind Of Leas			Lease No. SF-079060				
Unit Letter: A; 350 ft. from the North line and 460 ft. from the East line															
Section: 20 Township: 30N Range: 7U, NHPH, County: Rio Arriba															
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS															
New of Aut 1									ive address to send approved copy of this form.)						
							Seettsdale, AZ 85267								
Name of Authorized <u>Irosotr of Casing</u> head Gas: or Dry Gas: X							Address (Give address to send approved copy of time form.) P. O. F								
If well produces oil or give location of tanks.	liquids	, Unit Sec. Twp. Rge. 7V					Is gas actually connected?				o When? 2/91				
If this production is co	If this production is commingled with that from any other lease or pool, give commingling order number:														
IV. COMPLETION					·,										
Designate Type of Comple			L	Gas Well X	New We	ell	Workover	Deepen	Pl	ug Back	Sar	ne Res'v	Diff	Res'v	
Date Spudded: 10-1-90 Date Compl. Ready to Prod.: 12-18-90								Total Depth: 3213				P.B.I.D.:32131			
Elevations (DF, RKB, RT, 6312° RKB	cions (DF, RKB, RT, GR, etc): Name of Producing Formations (DF, RKB Fruitland Coal						ion:	on: Top Oil/Gas Pay:			Tubing Depth:				
Perforations: Open Hole 2928:-3. 2927-2967'; 2986-3045'; 3084-3202' Uncemented Preperfed Liner								Depth Casing Shoe: 5" at 3212" 7" at 292						 20 ا	
	EMENTING	TING RECORD													
HOLE SIZE		CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT				
12.25"		9	.625	ì			313'		295 cf Class B						
8.75"		7	.000	"			29201		810 cf Howco Light/148 cf Class B						
6.25"		5.500" Liner					2837' - 3212	21	Uncemented						
		2.875"					31601								
V. TEST DATA A	ND RE	QUEST	FO	R ALLO	WABLE	_						7.0			
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth op be for full 24 hours.)															
Date First New Oil Run T	Date of Test:					Producing Method: (Flow, pump, gas, lift, etc)									
Length of Test:	Tubing Pressure:					Casing Pressure:			Choke Size:						
Actual Prod. Test:	Oil-Bbls.:					Water - Bbls	.:		Gas-MCF:						
GAS WELL To be tes	· P	pitot light mist); 400 BPDW													
Actual Prod. Test - MCFD 10,813 MCFD (light m	Length of Test: 1 Hr.					Bbls. Conden	sate/MMC	MCF: Gravity of Condensate:							
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) psig					Casing Press (shut-in)		e: Choke Size: 2 ^m pitot							
VI. OPERATOR CERTIFICATE OF COMPLIANCE								OIL CONSERVATION DIVISION							
I hereby certify that the rules and regulations of the Oil Co Division have been complied with and that the information g is true and complete to the best of my knowledge and belief							ervation					31_	,101		
Roy W. Williams						٠.	Ву								
Signature		1 1					Title			L)) Shamp				
Title: Administrative Manager Date: $\frac{1/25/91}{2}$									SUPERVISOR DISTRICT #3						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Telephone No.: (303) 247-0728

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.