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Appropriate District Office  
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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

RECEIVED

FEB 01 1990

OIL CON. DIV.  
DIST. 3

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

I.

Name of Operator:	Blackwood & Nichols Co., Ltd.	Well API No.:	30-039-24400
Address of Operator:	P.O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for Filing (check proper area):	Other (please explain) _____		
New well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion _____	Oil _____	Dry Gas _____	
Change in Operator _____	Casinghead Gas _____	Condensate _____	
If change of operator give name and address of previous operator: _____			

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 481	Pool Name, Including Formation: Basin Fruitland Coal	Kind Of Lease State, Federal Or Fee:	Lease No. E-505-6
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LOCATION

Unit Letter N : 1005 Feet From The South Line and 1835 Feet From The West Line

Section 36 Township 31N Range 7W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>or</u> Condensate <input checked="" type="checkbox"/> Giant Transportation	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267		
Name of Authorized Trnspr of Casinghead Gas <u>or</u> Dry Gas <input checked="" type="checkbox"/> Blackwood & Nichols Co., Ltd.	Address (Give address to send approved copy of this form.) P.O., Box 1237, Durango, CO 81302-1237		
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>36</u> Twp. <u>31N</u> Rge. <u>7W</u>	Is gas actually connected? <u>No</u>	When? <u>06/90</u>

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

IV. COMPLETION DATA

Designate Type of Completion (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded: <u>08-24-89</u>	Date Compl. Ready to Prod.: <u>09-22-89</u>				Total Depth: <u>3417'</u>	P.B.T.D.:		
Elevations (DF, RKB, RT, GR, etc): <u>6483' GL</u>	Name of Producing Formation: <u>Fruitland Coal</u>				Top Oil/Gas Pay: <u>3182'</u>	Tubing Depth: <u>3379'</u>		
Perforations: <u>Open hole completion with a pre-perforated uncemented liner.</u>					Depth Casing Shoe: <u>7" @ 3174', 5.5" @ 3415'</u>			

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	512'	448 cf of Class B
8.75"	7.000"	3174'	840 cf of Class B 65/35 POZ
6.25"	5.50"	3415'	Did not cement
	2.875	3379'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

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 or be for full 24 hours.)

Date First New Oil Run To Tank:	Date of Test:	Producing Method: (Flow, pump, gas, lift, etc)
Length of Test:	Tubing Pressure:	Casing Pressure:
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:

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DIST

GAS WELL To be tested; completion gauges: 1700 MCFD (wet 2" choke), and 750 BWPD

Actual Prod. Test - MCFD:	Length of Test:	Bbls. Condensate/MMCF:	Gravity of Condensate:
Testing Method:	Tubing Pressure: (shut-in) <u>492 psig</u>	Casing Pressure: <u>S/I</u> <u>1225 psig</u>	Choke Size:

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

William F. Clark  
Signature

Title: Operations Manager

Date: 16 Jan '90

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

JAN 18 1990  
Date Approved Feb. 01, 1990  
By [Signature]  
Title SUPERVISOR DISTRICT #3

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.