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P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

State of New Mexico

Energy, Minerals and Natural Resources Department

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: Blac	kwood a	L Nichols	Co. A L	imited P	artnersh	nip Well API I	No.: 30-0	39-24625				
Address of Operator:		Box 1237		o, Color	ado 813	502-1237						
Reason(s) for Filing (che	ck prop	per area)	•	Other	(please	explain)		(7)	15 8		報整四	
New well:					Chang	ge in Transpor	ter of:	K	E U			
Recompletion: Change in Operator: X				Oil:			•	Gas:	_		į į	
				Casing	head Gas	:: 	Conc	lensate:	OCT	291	990	
If change of operator give and address of previous of		. Dlack	upod P Ni	iobalo C	لسفات			0	II C	(AC)	DIV.	
and dedices of previous of	perator	- Black	HOOG & N	icnots Co	o., <u>Lta.</u>			<u> </u>				
II. DESCRIPTION	OF	WELL :	AND L	ease					L	ist. :	3	
Lease Name: Well No.: Pool Name, Including For A97 Basin Fruitland						ormation: Coal	Kind Of Lease State, Federal Or Fee: MM-03357					
LOCATION	775 6.				_					.		
Unit Letter: H; 2	335 ft	. from th	e North	line and	l 1143 ft	t. from the Ea	st line					
Section: 30 T	o⊌nshi∣	p: 31N	Range	: 6U, NM	IPH, C	County: Rio A	rriba					
III. DESIGNATION			PORT	ER OF	OIL	AND NATI	URAL G	AS	-			
Name of Authorized Transportat		of Oil:	or Conde	ensate:)	Χ	Address (Gi	ve address D. Box 129	to send app 99, Scottsda	proved le, AZ	copy of 8 5267	this form.	
Name of Authorized Trnsptr of Casinghead Gas: or Dry Gas: X						Address (Give address to send approved copy of this form.)						
If well produces all or liquids, give location of tanks.				Тыр. 31М	Rge.	is gas actually conn		ected? No		When? 1/91		
If this production is comm	ingled	with tha	t from ar	y other		r pool, give c	ommingling	order numbe	r:	_l		
IV. COMPLETION	DATA											
Designate Type of Completi				Well	New We	ll Workover	Deepen	Plug Back	Same	Res'v	Diff Res'v	
Date Spudded: 4-10-90	ate Co	mpl. Read	y to Pro	d.: 5-2			Total Dep	oth: 3466'	P.B	.T.D.:	34661	
Elevations (DF, RKB, RT, GR, etc): Name of Producing Format 6519 GL Fruitland Coal							-	Top Oil/Gas Pay: Tubing Depth:				
Perforations:							3131' 3095' Depth Casing Shoe:					
							l	į	7° a 31	311		
NO E OLIC	 				AND	CEMENTIN		RD				
12.25"	CASING & TUBING SIZE					· · · · · · · · · · · · · · · · · · ·			SACK	KS CENENT		
8.75"			.625"		}	2941		295 cf Class B Neat				
8.77"	 	7.000"				31311		765 cf 65/35 POZ/147 cf Class G				
		2.875"				70051						
W MEGM Dama and	<u> </u>					30951						
V. TEST DATA AND OIL WELL												
··- ,	for th	is depth	cer recov or be fo	r full 2	total vo !4 hours.	lume of load o	oil and mus	st be equal o	to or e	xceed t	op allowable	
Date First New Oil Run To Tank:		Date of Test:				Producing Method: (Flow, pump, gas, lift, etc)						
Length of Test:	Tubing Pressure:				Casing Pressure: Choke Size:							
Actual Prod. Jest:	Oil-Bbls.:				Water - Bbl:		GBS-MCF:					
GAS WELL To be teste	ed; com	pletion g	lauges:	1702 HCI	FD (dry	2" pitot). 114	RPINLI	P - 2 - 1 - 1	***		N**	
Actual Prod. Test - MCFD: 1702 MCFD (dry)	Length of Test: 1 Hr.				Bbls. Condensate/MMC		Gravity of Condensate:					
Testing Method: Completion Gauge	Tubing F (shut-in	Tubing Pressure: (shut-in) 1475 psig				Casing Pressure: (shut-in) 1525		Choke Size:				
VI. OPERATOR CE	RTIF	ICATE	OF C					CONSE		<u> </u>	TVTRTON	
I hereby certify that Division have been c	omplie	d with an	d that t	he infor	mation o	iven above				9 1990		
is true and complete to the best of my knowledge and belief.						f.	By	By				
Signature	_	Roy W. Williams					Title SUPERVISOR DISTRICT					
Title: Administrative Mana	ger	Date:	10/26	40				OUPERVI:	SOR	DISTRI	CT /3	
Telephone No.: (303) 247-	0728		, , , , , , , , , , , , , , , , , , ,									

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

accordance with Rule III.

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.

¹⁾ Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.