Submit 5 copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

I.

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT 111 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Name of Operator: Bla	ackwood &	Michols	Co.	A Limited	Partnersh	ip Well API	No.: 30 -0	¥5-10810				
Address of Operator: P.O	D. Box 12	37, Dura	ngo,	Colorado (81302-123	7					***	
Reason(s) for Filing (ch	heck prop	er area)	:	Other	(please	explain)		M	E P	21	NA E	
New well: Recompletion:				Oil:	Chang	e in Transpor				E	V L	
Change in Operator:					head Gas	:		Gas: X 🐴	I A AI	Λ 9 1		
If change of operator gi	ive name				****					0 3 1		
and address of previous		` :						୍	IL C	ON.	DIV.	
II. DESCRIPTION OF WELL AND LEASE Lease Name: Well No.: Pool Name Including Fo										IST.		
Lease Name: Northeast Blanco Unit).:	: Pool Name, Including For Blanco Mesaverde				Kind Sta	Or Fee:	Lease No. r Fee: NM-03358				
LOCATION Unit Letter: A;	925 ft.	. from th	e Nor	th line an	d 990 ft	. from the Ea	st line					
Section: 13		ip: 31N	R	ange: 7⊌, I	NMPH,	County: San	Juan					
III. DESIGNATI	on of	TRAN	8PO	RTER O	POIL	AND NAT	URAL G	AS				
Name of Authorized Transporter of Oil: or Condensate: X Giant Transportation						Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267						
Name of Authorized Trnsptr of Casingheed Williams Field Services				or Dry	Gas: X	Address (Give address to send approved copy of this form.) P.O. Box 58900, Salt Lake City, UT 84158-0900						
If well produces oil or liquids, Unit give location of tanks.				13 3/A	Rge.	Is gas actually connected? Yes When?				-5-40		
If this production is co	mmingled	with tha	t fro			pool, give c	omminglin			1 7	-3 40	
IV. COMPLETION												
Designate Type of Comple	etion (X)	Oil We	ıı T	Gas Well	New We	l Workover	Deepen	Plug Back	Same	Res'v	Diff Res'v	
Date Spudded: Date Compl. Rea				Prod.:			Total Depth:		P.B	P.B.T.D.:		
Elevations (DF, RKB, RT, GR, etc): Name of				of Produc	f Producing Formation:			Top Oil/Gas Pay:		Tubing Depth:		
Perforations:							Depth C	Depth Casing Shoe:				
		TUBI	NG	CASING	AND	CEMENTIN	G RECO	ORD		 -		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT					
W MRCM DAMA A						·						
V. TEST DATA A	(Test mu	ust be af	ter r	ecovery of	total vo	lume of load	oil and mu	ıst be equal	to or e	xceed 1	top allowable	
Date First New Oil Run T	is depth or be for full 24 hours. Date of Test:				Producing Method: (Flow, pump, gas, lift, etc)							
ength of Test:		Tubing Pressure:				Casing Pres	Choke Size:					
ctual Prod. Test:		Oil-Bbls.:				Water - Bbl		Gas-MCF:				
GAS WELL To be tes	sted; com	pletion	gauge	s:	· · · ·	·					· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCFD:		Length of Test:				Bbls. Condensate/MMCF: Gravity			of Condensate:			
esting Method:		Tubing Pressure: (shut-in)				Casing Pressure: (shut-in)		Choke S	Choke Size:			
VI. OPERATOR CI							OI	L CONSE	RVATI	ON I	OIVISION	
I hereby certify the Division have been is true and comple	complie	d with ar	nd tha	it the info	rmation o	iven above	Date	Approved	.IAN	0 3 1	994	
Al Recto Signature				g * W		-	By Titl	By				
Title: District Superintendent Date: 12/29/9						SUPER			RVISOR DISTRICT #3			
Telephone No.: (303) 24	7-0728						1					

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

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.

Mill Charles Charles