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

P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

State of New Mexico

OIL CONSERVATION DIVISION P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Santa Fe, New Mexico 87504-2088

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

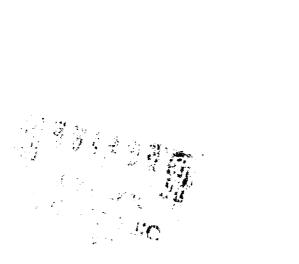
DISTRICT 11

DISTRICT 111

Name of Operator: Black	3 book	Nichols (	o. A Li	mited Pa	rtnersh i	P	ell API No.	: 30-045-	25235				
Address of Operator:	P.O. E	ox 1237,	Durango	, Colora	do 8130	2-1237							
Reason(s) for Filing (chec	k prope	er area):		Other	(please	explain)	<del></del>						
New well:				0.11	Change	in Transport							
Recompletion: Change in Operator: X				Oil: Casingh	ead Gas:	Dry Gas: : Condensate:							
If change of operator give	пате	<del>., </del>					<del></del>	<del></del>					
and address of previous op		Blackwo	od & Ni	chols Co	., Ltd.								
II. DESCRIPTION	OP I	PPT.T. 1	ND L	PROP									
<del></del>	ell No.				udina Fo	ormation: Kind Of Lease Lease No.							
Northeast Blanco Unit		53A			esa Verd			Federal 0	r Fee:		F-079043		
LOCATION Unit Letter: D;	990 ft.	from the	North	line and	1100 ft	t. from the <b>W</b> e	est line						
Section: 28	Town	ship: <b>31</b> N	Rá	ange: 7⊍	, MPH,	County: Sar	Juan						
III. DESIGNATION	T OF	TRANS	PORT	RR OF	OTT	AND NATE	RAI. GA	 R					
Name of Authorized Transpo				nsate: )					proved	CODY Of	f this form.)		
Giant Transportation						Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267							
Name of Authorized Trnsptr of Casinghead Gas: or Dry Gas: X Northwest Pipeline						Address (Give address to send approved copy of this form.) P.O. Box 90, Farmington, NM 87499							
If well produces oil or li give location of tanks.	well produces oil or liquids, Unit Sec. Тыр. e location of tanks. D 28 31				Rge. 7V	is gas actua	ally connected? Yes Wh				? 5/82		
If this production is comm	ingled			y other	lease or	pool, give co	ommingling o	order numbe	r:				
IV. COMPLETION I	ATA												
	signate Type of Completion (X) Oil i		Well Gas Well New Wel			l Workover	Deepen Plug Bac		Same Res'v Diff		Diff Res'v		
Date Spudded: D	te Spudded: Date Compl. Ready to Prod.:					<del></del>	Total Dept	al Depth: P.B.T.D.:					
Elevations (DF, RKB, RT, GR, etc): Name of Producing Form					ng Forma	tion:	ion: Top Oil/Gas Pay: Tubing Depth:						
Perforations:						Depth Casing Shoe:							
		MUDT	VC 03	CTNC	AND (	ABVBNOTN	C DECOL						
HOLE SIZE	T		& TUBIN		AND	CEMENTING RECORD  DEPTH SET SACKS CENEW SA							
THE WILL													
	<b></b>	<del></del>					1	65	44	1			
		•	:	_	1			THE PARTY NAMED IN		100			
								110	WI.	9 19-3.	-W		
V. TEST DATA AND	D RE	QUEST	FOR .	ALLOW	ABLE			41	CO	<i>N.</i> 1	ייכ		
OIL MELL				-		lume of load o	oil and must	be eQall	so Ol	57.e3	top allowable		
Date First New Oil Run To Tank: Date of Test:						Producing Method: (Flow, pump, gas, lift, etc)							
ength of Test:		Tubing Pressure:				Casing Pres	Choke Size:						
Actual Prod. Test:	Oil-Bbls	Oil-Bbls.:				Water - Bbls.:			Gas-MCF:				
GAS WELL To be test	AS WELL To be tested; completion gauges:												
ctual Prod. Test - MCFD: Length of Test:					Bbls. Conde	ensate/MMCF: Gravity of			Condensate:				
Testing Method:	ng Method: Tubing Pressure: (shut-in)					Casing Pres (shut-in)	Choke S	Choke Size:					
VI. OPERATOR CE	RTIF:			OMPLI	ANCE		OIL	CONSE	RVAT	ION	DIVISION		
I hereby certify that							ľ		N 1 6				
is true and complete	•					_	Ru			1)	/		
KM. William	<u>-</u>	Roy W. Williams					ВУ			- Short			
Signature			. 1	<b>1</b> .,			Title	SUPERVI	<del>son (</del>	HETRIC	ICT #3		
Title: Administrative Mana	ager	Date:	414	91									
Telephone No.: (303) 247	-0728												

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 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.



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