## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| DISTRIBUTION |     |            |  |  |
|--------------|-----|------------|--|--|
| LANTA FE     |     |            |  |  |
|              |     |            |  |  |
| U.1.0.4,     |     |            |  |  |
| LAMD OFFICE  |     |            |  |  |
| 016          |     |            |  |  |
| GAS          |     |            |  |  |
|              |     |            |  |  |
| KE           |     |            |  |  |
|              | OIL | ON OIL GAS |  |  |

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

Separate Forms C-104 must be filled for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| I. AUTHORIZATION TO TRAN   | ISPURT DIE AND NATURAL GAS  |  |  |  |  |
|--|---|--|--|--|--|
| Operator   |   |  |  |  |  |
| Blackwood & Nichols Company, Ltd   |   |  |  |  |  |
| Address  |   |  |  |  |  |
| P. O. Box 1237, Durango, Colorad   | lo 81302  |  |  |  |  |
| Resson(s) for filing (Check proper box)  | Other (Please explain)  |  |  |  |  |
| X New Well Change in Transporter of:   | UCT: 0 8 1985   |  |  |  |  |
|  | Dry Gas   |  |  |  |  |
| Change in Ownership Casinghead Gas   | Condensate Condensate   |  |  |  |  |
| If change of ownership give name and address of previous owner   | Dry Gas Condensate  Di31. 3   |  |  |  |  |
|  |   |  |  |  |  |
| II. DESCRIPTION OF WELL AND LEASE  |   |  |  |  |  |
| Lease Name Weil No. Pool Name, including   | edae No.  |  |  |  |  |
| Northeast Blanco Unit 214 S. Los Pinos   | Ft./PC State, Federal or Fee Federal SF 079003  |  |  |  |  |
| Location   |   |  |  |  |  |
| Unit Letter I : 1590 Feet From The South   | ine and 1050 Feet From The East   |  |  |  |  |
|  |   |  |  |  |  |
| Line of Section 22 Township 31N Range  | 7W , NMPM, San Juan County  |  |  |  |  |
| III DESIGNATION OF TRANSPORTER OF THE  |   |  |  |  |  |
| M. DESIGNATION OF TRANSPORTER OF OIL AND NATURA    Name of Authorized Transporter of Oil                       | L GAS   |  |  |  |  |
| Giant Industries   | 1 1 2 2 2 3 1 1 1   |  |  |  |  |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas  | P. O. Box 9156, Phoenix, Arizona 85068  Address (Give address to which approved copy of this form is to be sent)          |  |  |  |  |
| Northwest Pipeline Corporation   |   |  |  |  |  |
| 11-11  | P. O. Box 90, Farmington 87401  |  |  |  |  |
| If well produces oil or liquids, unit Sec. twp. Rgs. qive location of tanks.                                   |   |  |  |  |  |
| Make and serior in a serior lad such that for  | 3000001, 1903 OI May, 1980  |  |  |  |  |
| If this production is commingled with that from any other lease or pool,                                       | give commingling order number:  |  |  |  |  |
| NOTE: Complete Parts IV and V on reverse side if necessary.  |   |  |  |  |  |
| III. CERTIFICATE OF COMPLIANCE   | 011 00110571117   |  |  |  |  |
| VI. CERTIFICATE OF COMPLIANCE  | OIL CONSERVATION DIVERT 15 1985   |  |  |  |  |
| I hereby certify that the rules and regulations of the Oil Conservation Division have                          | APPROVED  |  |  |  |  |
| been complied with and that the information given is true and complete to the best of my knowledge and belief. |   |  |  |  |  |
| my knowledge and benefit   | Original Signed by FRANK T. CHAVEZ  |  |  |  |  |
|  | TITLESUPERVISOR DISTRICT # 3  |  |  |  |  |
| Will. 701/   | This form is to be filed in compliance with RULE 1104.  |  |  |  |  |
| William Faller   | If this is a request for allowable for a popular doubted  |  |  |  |  |
| William F. Clark (Signature)   | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. |  |  |  |  |
| Petroleum Engineer (Tille)   | All sections of this form must be filled out completely for allow-  |  |  |  |  |
| October 3, 1985  | able on new and recompleted wells.  |  |  |  |  |
| (Date)   | Fill out only Sections I. II. III, and VI for changes of owner,   |  |  |  |  |
| (=,  | well name or number, or transporter, or other such change of condition.   |  |  |  |  |

| Designate Type of Complete               | ion - (X)                                    | OII Well | Gas Well                  | New Well  | Workover  | Deepen                | Plug Back      | Same Restv. | Diff. Res   |  |  |
|--|--|----------|---------------------------|---|-----------|-----------------------|----------------|-------------|-------------|--|--|
| Date Spudded                             | Date Compl. Ready to Prod.                   |          | Total Depth               |   |           | P.B.T.D.              |                |             |             |  |  |
| 7-13-85                                  | 8-26-85                                      |          | 3593'                     |   |           | 3549'                 |                |             |             |  |  |
| Elevations (DF, RKB, RT, GR, etc.,       | , Name of Producing Formation                |          |                           | Top Oil/Gas Pay   |           |                       | Tubing Depth   |             |             |  |  |
| 6480 GR                                  | Fruitland-Pictured Cl                        |          |                           | iffs 3110'  |           |                       | 3489'          |             |             |  |  |
| Perforations                             |  |          |                           |   |           | Depth Casing Shoe     |                |             |             |  |  |
| 3110' to 3490'                           |  |          |                           |   |           | 3593'                 |                |             |             |  |  |
|  |  | TUBING,  | CASING, AND               | CEMENTI   | G RECORE  | <u> </u>              |                |             |             |  |  |
| HOLE SIZE                                | CASING & TUBING SIZE                         |          |                           | DEPTH SET   |           |                       | SACKS CEMENT   |             |             |  |  |
| 12 1/4"                                  | 9 5/8"                                       | 36.      | 0#                        | 226'  |           |                       | 236 cf B Neat  |             |             |  |  |
| 7 7/8"                                   | 4 1/2" 10.5#                                 |          |                           | 3593'   |           |                       | 1620 Howcolite |             |             |  |  |
|  | 23/8   |          |                           | 3489  |           |                       | 1 280 Pozmix   |             |             |  |  |
| OIL WELL Date First New Oil Run To Tanks | Date of Tee                                  |          | able for this de          | be after recovery of total volume of load oil and must be equal to or exceed top a le depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.) |           |                       |                |             | ed top allo |  |  |
| Length of Teet                           | Tuning Pressure                              |          | Casing Pressure           |   |           | Choke Size            |                |             |             |  |  |
| Actual Prod. During Test                 | Oil - Bhis.                                  |          | Water-Bhie.               |   |           | Gas-MCF               |                |             |             |  |  |
| AS WELL                                  | <u>.                                    </u> | -        |                           |   |           |                       |                | <del></del> |             |  |  |
| Actual Prod. Teet-MCF/D                  | Length of Test                               |          | Bbis. Condensate/MMCF     |   |           | Gravity of Condensate |                |             |             |  |  |
| 1599                                     | 3 hours                                      |          | None                      |   |           |                       |                |             |             |  |  |
| Testing Method (puot, back pr.)          | Tubing Pressure ( shut-in )                  |          | Casing Pressure (Shut-in) |   |           | Choke Size            |                |             |             |  |  |
| Back Pr.                                 | 1 1000                                       | 000 psig |                           |   | 1420 psig |                       |                | 3/4"        |             |  |  |

IV. COMPLETION DATA