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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

**OIL CONSERVATION DIVISION** MAR 15 1989

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088 **OIL CON. DIV. 1**

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS** DIST. 3

Operator Blackwood & Nichols Co., Ltd.		Well API No. 30-045-26900
Address P. O. Box 1237, Durango, Colorado 81302		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Northeast Blanco Unit	Well No. 400	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF 078988
Location Unit Letter <u>M</u> : <u>990'</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>31N</u> Range <u>6W</u> , NMPM, San Juan County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Giant Industries P. O. Box 9156, Phoenix, Arizona 85068					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Unknown at this time					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					No	---

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 5-16-88	Date Compl. Ready to Prod. 6-23-88	Total Depth 3715'		P.B.T.D. 3666'				
Elevations (DF, RKB, RT, GR, etc.) 6530' GL, 6542' KB	Name of Producing Formation Basin Fruitland Coal	Top Oil/Gas Pay 3052' ?		Tubing Depth 3522'		Depth Casing Shoe		
Perforations 3336' to 3204'								
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12.25"	9.625"		230'		207 cf Class B			
8.75"	7.000"		3715'		689 cf Howco Lite			
--	2.875"		3522'		230 cf 50/50 Pozmix			

**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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	
Actual Prod. During Test	Oil - Bbls.		

**RECEIVED**  
MAY 04 1989  
OIL CON. DIV.  
DIST. 3

**GAS WELL**

Actual Prod. Test - MCF/D Not Connected - To Be	Length of Test Tested When Connected -	Bbls. Condensate/MMCF Will Be Pumped to Dewater	Gravity of Condensate
Testing Method (pilot, back pr.) 7 day shut in	Tubing Pressure (Shut-in) SUAF CP - 1105 psig	Casing Pressure (Shut-in) SIBHP - 1662 psig	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  
William F. Clark Operations Manager  
Printed Name Title  
March 9, 1989 303-247-0728  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved MAY 04 1989  
By FRANK T. CHAVEZ Original Signed by  
Title SUPERVISOR DISTRICT 3

**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) This form only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.