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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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Blackwood & Nichols Co., Ltd.		Well API No. 30-045-26901
Address P. O. Box 1237, Durango, Colorado 81302-1237		
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. 404	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF 079003
Location Unit Letter <u>E</u> : <u>1730</u> Feet From The <u>North</u> Line and <u>260</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>31N</u> Range <u>7W</u> , NMPM, <u>San Juan</u> 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) <u>P. O. Box 9156, Phoenix, Arizona 85068</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Unknown at this time</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>same</u>	Sec. <u></u>
	Twp. <u></u>	Rge. <u></u>
Is gas actually connected?		When ?
<u>No</u>		<u>No</u>
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 5-9-88	Date Compl. Ready to Prod. 6-10-88		Total Depth 3450'		P.B.T.D. 3382'			
Elevations (DF, RKB, RT, GR, etc.) 6295' GL	Name of Producing Formation Basin Fruitland Coal		Top Oil/Gas Pay 2959'		Tubing Depth 3235'			
Perforations 2959'-2964' (5'), 2984'-3004' (20'), 3036'-3053' (17'), 3070'-3080' (10'), 3153'-3173'					Depth Casing Shoe 3450'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		316'		266 cf Class B			
8 3/4"	7"		3450'		712 cf Howco Lite			
	2 7/8"		3235'		245 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.)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test	<u>RECEIVED</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Well to be tested when pipeline connections becomes possible.	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)			3/4"
Back pr.			

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 William F. Clark
Signature
Operations Manager
Printed Name
March 10, 1989
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 04 1989

By FRANK T. CHAVEZ Original Signed by FRANK T. CHAVEZ

Title Assistant Director

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 only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Form C-104 must be filed for each pool in multiply completed wells.