Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-J04 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

WW Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALL	OWAB	LE AND A	UTHORIZ	ZATION				
TO TRANSPORT OIL AND NATURAL GA					Well API No.				
Decrator Blackwood & Nichols	s Co., Ltd.				30-	30-045-26914			
Address									
P. O. Box 1237, Du: Reason(6) for Filing (Check proper box)	rango, CO 81302		Othe	r (Please expla	iin)		*		
New Well	Change in Transport								
Recompletion	Oil Dry Gas								
Change in Operator	Casinghead Gas Condens	ate 📙							
change of operator give name nd address of previous operator									
I. DESCRIPTION OF WELL	AND LEASE								
Lease Name	Well No. Pool Nat				Lease Lease No. SF 079003				
Northeast Blanco Unit	406 Ba	nitiang Coal - I			Federal or Fee SF 079003				
Location	120				, 16 ⁰⁰)'F≪				
Unit Letter	: 1790 1150 Feet Fro	m The No	orth Line	and $\frac{1420}{}$)'' Fee	et From The	East	Line	
Section 22 Township	o 31N Range	7W	, NN	иРМ, Sar	Juan			County	
II. DESIGNATION OF TRAN	SPORTER OF OIL AND	NATU	RAL GAS						
II. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	or Condensate	<u>X</u>]	Address (Oth			copy of this for		ns)	
Giant Industries				c, Arizona 85068 copy of this form is to be sent)					
Name of Authorized Transporter of Casing	ghead Gas or Dry C	Gas	Address (Giv	e address to wi	hich approved	copy of this for	m 15 10 DE SE	ru <i>)</i>	
Unknown at this time	Itter land Inc.	Dos	Is gas actually	v connected?	When	?			
If well produces oil or liquids, jive location of tanks.	Unit Sec. Twp. Same as above	l v.Re.	No		i				
f this production is commingled with that	from any other lease or pool, give	e commingl	ing order num	ber:					
V. COMPLETION DATA								lyer paste	
	10	ias Well	New Well	Workover	Deepen	Plug Back	ame Kes V	Diff Res'v	
Designate Type of Completion			X Total Depth			P.B.T.D.			
Date Spudded	Date Compl. Ready to Prod.		3237'			3198'			
9-11-88	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
levations (DF, RKB, RT, GR, etc.) 6469' UG Basin Fruitland Co		Coal				3038!			
6469' UG Perforations Open Hole 318	Basin Fruittand 8' - 3198'. Pre-d	rilled	5 1/2"	liner 30	69' -	Depth Casing		A cust	
3186' with 12 holes pe	r foot					Was 3188		u out	
	TUBING, CASIN	NG AND	CEMENTI	NG RECO	<u>w</u>		VCK6 CEN	ENT	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4"	9 5/8" csg.		319'			236 cu. ft. Class B 765 cu. ft. 65/35 Poz			
8 3/4"	7" csg.		3052!			115 cu. ft. Class G			
6 1/4"	5" Liner 2 7/8" tubing		3038'						
V. TEST DATA AND REQUE	CE ECO ALLOWADIE						J. E.	VE	
OIL WELL (Test must be after t	recovery of total volume of load of	oil and mus	t be equal to of	exceed top al	lowable for the	s depth of be fo	r juli 24 71.00	v 3./	
Date First New Oil Run To Tank	Date of Test		Producing M	cthod (Flow, F	V F IN		MR21		
	Tuhing Pressure	 	Capite Press	ure	<u>~ ~ </u>	Choke Size	101233	# L 6" #	
Length of Test	Tubing Pressure		Water - BMAY 0 4 1989						
Actual Prod. During Test	Oil - Bbls.		Water - Bun			Gas- MCF			
Actual 1100, During 100.	-		OIL	CON.	DIV.				
CAC WELL				DIST. 3					
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
Well to be tested wh	en pipeline connection be		comes possible. Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pres	sure (Shut-in)		Choke Size			
·			-\						
VI. OPERATOR CERTIFIC	CATE OF COMPLIAN	1CE			NSERV	NOITA'	DIVISION	NC	
I hanky conify that the rules and regu	lations 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.			Date Approved						
is true and complete to the oest of my	1000								
William 7.	Klars		By.	Origin	I Signed by	FRANK T. CH	AVEL	<u> ,</u>	
Signature	Operations Manag	ger			was meaning		—		
William F. Clark Printed Name	Title		Title	ə	our Merisc	R District W !			
March 14, 1989									
Date	Telephone	No.							

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
- 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.