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

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## **OIL CONSERVATION DIVISION**

P.O. Box 2088

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

DISTRICT\_II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

LOOU RIO BIRZOS Rd., Azzec, NM 8/410	REQ				LE AND A						
Operator Blackwood & Nichols								Well API No. 30-045-27223			
Address P.O. 1237, Durango.  Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil	Change in	Transpo Dry Gas	nter of:	Other	(Please expl		0 6 <b>6 1</b>	1		
f change of operator give name						OIL CON. DIV./					
and address of previous operator						DIST. 3					
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Includin											
Northeast Blanco U				Federal or Fee	E-178						
Location			- <del>\</del>			· N· · · · · · · · · · · · · · · · · ·					
	.:1	515'	_ Feet Fn	om The No	rth Line	and134(	)	et From The	East	Line	
Section 32 Township	31N		Range	7W	, NM	PM, Sar	n Juan			County	
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTI	ER OF O		D NATU		address to	hich commerced	come of this for-	w is to be see	<del>,,,</del>	
Gian Transporation	Address (Give address to which approved copy of this form is to be sent)  P.O. Box 12999, Scottsdale, AZ 85267										
Name of Authorized Transporter of Casinghead Gas or Dry Gas X  Northwest Pipeline					Address (Give address to which approved copy of this form is to be sent) P.O. Box 58900, Salt Lake City, UT 84158-0900						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually	connected?	When		ry 1990		
f this production is commingled with that f	rom any of	her lease or	nool. giv	e comminel	No ing order number						
V. COMPLETION DATA			p								
Designate Type of Completion		Oil Wel	i_	Gas Well X	i i	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded 10-30-89	Date Compl. Ready to Prod.  11-12-89				Total Depth 3266 1			P.B.T.D. 3266			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
6373'	Basin Fruitland Coal				3044			3166'			
Perforations								Depth Casing	Shoe		
		TUDING	CASIA	IC AND	CEMENTIN	C PECOE	D	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12.25"	9.625"				325'			288 cf Class B			
8.75"	7.000"				2961'				710 cf Class B 65/35/6		
	2.875"			3166'			144 ct	144 cf Class B Neat			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE			ra R.	I W.E.	<u> </u>	C !! 24 1		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of T		of load o	oil and must	Producing Me	ind ir low. p	umm. eas lift.	papin or be joi	јші 24 пош	3.)	
Date Film New Oil Run 10 1aux	Date of 1	EM			III			القا			
Length of Test	Tubing Pressure				Casing Pressur EB 01 1990			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - B	<b>IL CO!</b> DIS1		Gas- MCF			
GAS WELL To be tested;	Compl	letion	gauge	s: 322	21 MCFD (	2" pito	t) and 3	60 BWD.			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
, ,					C. C. K.	= (8h.a !=)		Choke Size			
Tubing Pressure (Shut-in					Casing Pressure (Shut-in) N/A			GIOM OIL			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regulations are results as the rules are regulations.	ATE O	F COM		ICE	1		NSERV.	ATION D	IVISIO	N	
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 FEB 01 1990						
William Felan					By						
Signature William F. Clark Operations Manager						· · · · · · · · · · · · · · · · · ·					
Printed Name						TitleSUPERVISOR LISTAICT #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.

Telephone No.

- 3) Fill out only 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.