Submit 5 copies Appropriate District Office DISTRICT 1

P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Name of Operator:	Black	Blackwood & Nichols Co., Ltd. Well API No.: 30-045-27244											
Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237													
Reason(s) for Filing (check proper area): Other (please explain) Change in Transporter of:													
Posemleties.													
Al T A .									Gas: M V lensate:	i Man	// O o o		
If change of operator giv	e name				J		***********				1021		
and address of previous o	perator			·	-				C	JL C	NO:	DIV.	
												<u> </u>	
Northeast Blanco Unit	Well No 478	.:	Pool Name, Including For Basin Fruitland Co					Kind Of Lease State, Federa		Or Fee: SF-079045			
Unit Letter: M; 1140 ft. from the South line and 790 ft. from the West line													
Section: 21 Township Range: 70, NMPM, County: San Juan													
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Ai T								ive address to send approved copy of this form.) O. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Trnspt Blackwood & Nicho	Ltd.	d Gas: or Dry Gas: X				Address (Give address to send approved copy of this form.) P.O., Box 1237, Durango, Co 81302-1237							
If well produces oil or l give location of tanks.	iquids,	Unit M	Sec. Iwp. Rg 21 31N 7W		Rge.		Is gas actually connected?			o When? 06/90			
If this production is commingled with that from any other lease or pool, give commingling order number:													
IV. COMPLETION DATA													
Designate Type of Complet	ion (X)	Oil Wel	.L (Gas Well X	New W	lell	Workover	Deepen	Plug Back	Same	Res'v	Diff Res'v	
Date \$pudded: 01-07-90	mpl. Read	Ready to Prod.: 03-09-90					Total Depth: 3321		P.	P.B.T.D.: 3321			
Elevations (DF, RKB, RT, GR, etc): 6422 KB				of Produc	ing Form		on:	Top Oil/Gas Pay: 2996 '		Tu	Tubing Depth:		
Perforations:								Depth Casing Shoe:					
Open hole - no liner. TUBING CASING AND CEMENTING									7" a 2996				
HOLE SIZE	CASING & TUBING SIZE						DEPTH SET						
12.25"		9.625"					310'	29	295f Class B Neat				
8.75"		7	.000"				29961		731 Poz P		Nix/225 cf Class B Neat		
	2.875"						29911						
						<u> </u>							
V. TEST DATA AND													
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							Producing Method: (Flow, pump, gas, lift, etc)						
ength of Test: Tubing			Pressure:				Casing Press		Choke Size:				
Actual Prod. Test: Oil-Bbl			s.:				Water - Bbls.: 380			Gas-MCF:			
GAS WELL To be test	ed; com	pletion o	auges	: 4563 M	CFD (wet			380 BPD	water			****	
Actual Prod. Test - MCFD: Ler			ength of Test: 1 Hr.				Bbls. Conder N/A	nsate/MMCF		Gravity of Condensate:			
esting Method: Tubing Completion Gauge 710			Pressure: psig				Casing Pressure: 1100		Choke Size: 2"pitot				
VI. OPERATOR CERTIFICATE OF COMPLIANCE									OIL CONSERVATION DIVISION				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above									Date Approved MAY 2 9 1890				
is true and complete to the best of my knowledge and belief.							en above	By Original Signed by FRANK T. CHAYES					
Mallownf Ucc Signature		William F. Clark					Title	Title			· · · · · · · · · · · · · · · · · · ·		
Title: Operations Manager Date: 26 April 90													
Telephone No.: (303) 247-0728													

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.

This form must be filled out for allowable on new and recompleted wells.

Separate Form C-104 must be filed for each pool in multiply completed wells.



DEM 6 2 YAM