Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICE II P.O. Drawer DD, Anesia, NM 88210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

0 Operator		IO INA	MORC	JAT OIL	MIND INM	TORAL GA	Well	AFI No.			
Blackwood & Nichols Co., Ltd.						30-045-27287					
Address P.O. Box 1237, Durar	igo, Col	lorado	8130	2-1237			general, p	i de este se	5 H 175 47		
Reason(R) for Filing (Check proper box)					Oth	er (Please expla	in) ()		VE		
New Well X Change in Transporter of:											
Recompletion \square	Oil		Dry Gas					JEU1 31	98 9	»·	
Change in Operator Casinghead Gas Condensate If change of operator give name											
and address of previous operator						OIL CON. DIV. DIST. 3					
II. DESCRIPTION OF WELL AND LEASE											
Lease Name Northeast Blanco Un	Well No. Pool Name, Including 416 Basin Fruit				-	al	1	Kind of Lease State, Federal or Fee SI		045	
Location											
Unit Letter											
Section 21 Townshi	, 31N		Range	7W	, N	MPM, San	Juan			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										ent)	
Giant Transportation						P.O. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Co.					P.O. Box 58900, Salt Lake City, UT 84158-090					4158-0900	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	חיש'[Rge.	Is gas actually connected? When '				February 1990		
If this production is commingled with that	from any pu	her lease or	pool, giv	e comming!	ing order num	iber:					
IV. COMPLETION DATA		Oil Well		Jas Well	New Well	Workover	Deepen	Diug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	IOII WELL	1	X X	X	WOROVEI	l pæten	Flug Back	Same Res v	Dill Resv	
Date Spudded 10-10-89		pl. Ready to	Prod.		Total Depth 317	21		P.B.T.D.	172 '		
Elevations (DF, RKB, RT, GR, etc.)	10-24-89 Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
6403' GL Fruitland Coal					3008	3 008 1 2996 .			3114'		
Perforations						22.7	1 / 4 =1	Depth Casin	g Shoe		
None		HIDING				996 - 3		1			
					CEMENTING RECORD DEPTH SET			SACKS CEMENT			
121/4"	9-5/	Silita a Tobilita Sizz			310'			295 cf Class B Neat			
8-3/4"	7''				2996'			747 cf Class G 65/35			
	1.60	1.66"			3114'			144 cf Class G Neat			
 V. TEST DATA AND REQUE	 SE FOR 7	ALLOW	ARLE		<u></u>	w					
OIL WELL (Test must be after t	ecovery of t	otal volume	of load o	oil and must	be equal to o	r exceed top allo	wable for y i	Vep 50	C/4 2 40		
Date First New Oil Run To Tank	Date of To	est			Producing M	lethod (Flow, pu	υπφ, gas lif				
	ļ <u>. </u>					<u> </u>			Charase-01 1990		
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure					
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Water - Bbls.			CHIMCE(OHLMOON, DIV.		
	<u> </u>				<u> </u>			D	IST. 3		
GAS WELL To be tested;	Comple	etion g	gauges	: 816 !	MCFD (2"	pitot) a	nd 85 B	WD.		رر	
Actual Prod. Test - MCI/D Length of Test					Bbls. Conde	nsate/MMCF		Gravity of C	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Uloke Size				
resum recured (pinor, ouck pr.)	1190					N/A					
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OU CONCEDUATION DIVICION					
I hereby certify that the rules and regulations of the Oli Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					FEB 1 6 1990						
is the and complete to the cost of the knowledge and applied.						Date Approved					
William & Warx					By_ Bin) Chang						
Signature William F. Clark Operations Manager					SUPERVISOR DISTRICT /3						
Frinted Name Title					Title)	- w + 4±1			r Q	
11 Dec 89	(3	03) 24 Tel	7 <u>-0728</u> ephone N								
24.0					<u>U</u>						

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.