Submit 5 copies Appropriate District Office <u>D I</u>

State of New Mexico Energy, Minerals and Matural Resources Department

Form C-104 2 - 2 Revised 1-1-89 ructions m of Page

Name of Operator: Blackwood	Nichols Co., Ltd.	Well API No.: 30	-045-27298		₹ 6	A E V
I.		C				
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE TO TRANSPORT OIL A					
DISTRICT III	250 TOT 500 ALL GUARLE	AUTHODITATION				
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mex	ico 87504-2088 ' 🖯 🖯 🍐	(27 5 -	i i	9	28
DISTRICT_II	P.O. Box	2088		~	_	0.0
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT			at Botton		
DISTRICT I				~	•	See Instr

Name of Operator:	Blackw	Blackwood & Nichols Co., Ltd. Well API No					o.: 30-04!	: 30-045-27298					
Address of Operator:	P.O. B	ox 1237,	Durang	o, Colore	do 81302	2-1237			R	3 E	<u>, 10 0 .</u>	1	
Reason(s) for Filing (ch	neck proje	r area):		Other	(please	·				1100	2 1990		
lew well: X Recompletion:				Oil:	Change	in Transport	er of: Dry Ge	s:	- A	UGE.	T.	NIN.	
Change in Operator:				Casingh	nead Gas:		Conder	sate:	OIL	CC	N. D		
If change of operator g	ive name							<u> </u>		1Di	5र.ज		
and address of previous	operator:										•		
II. DESCRIPTIO	n of w	TELL 1	AND I	EASE									
Lease Name: Northeast Blanco Unit	Well No. 473							Kind Of Lease State, Federal OF Face E-1316 No.					
LOCATION		1					· · · · · · · · · · · · · · · · · · ·	161	<u> इंस्ट</u> ि	E 1			
Unit Letter: G ;	1850 ft.	from the	e North	line and	1780 ft.	from the Eas	t line	II II	αστ ο		.un 🖁		
Section: 36	Township	: 31M	Range	e: 84, W	PM, Co	ounty: San Ju			0CT 2		30		
						3 MD 3/3 MD	DAT 63	<u>, Ol</u>	t cc	. M .	DIV.		
III. DESIGNATI Name of Authorized Tran				ensate:		Address (Giv			proved o	ST. 3	f this fo		
Name of Authorized Iran 90/8 Giant Transport			13551		~	ľ	. Box 12999						
Name of Authorized Trns	•			or Dry	Gas: X	Address (Giv							
SOS Blackwood & Nic			13558	T	Rge.	Is gas actu	O. Box 1237	+ od2	COLOFB	When			
give location of tanks.		6	36	Twp. 31N	84					<u></u>	10/90		
If this production is co	ommingled	with tha	t from a	any other	lease or	pool, give co	mmingling	order numbe	r:				
IV. COMPLETION	DATA												
Designate Type of Compl	etion (X)	Oil We	ll G	as Well X	New Wel	l Workover	Deepen	Plug Back	Same	Res'v	Diff R	es'v	
Date Spudded: 11-14-89	Date Cor	mpl. Rea	dy to P		3-90		Total Dept	otal Depth: 33641 P.B.T.D.: 33611					
11-14-05						*ion*	Top Oil/G	Top Oil/Gas Pay: Tubing Depth:					
Elevations (DF, RKB, RT, GR, etc): Name of Producing Format 6467 RKB Fruitland Coal				30651				33221					
Perforations: 3084-3 Open hole with an uncer	124'; 3	166-32	286';	3320-3	361'		Depth Cas 5.50:	ing Shoe:	3363': 7	7= at :	3065 '		
upar note artir ar usa	arces pre						1						
		TUBING CASING AND C				DEPTH SET			SACKS CEMENT				
12.25H		CASING & TUBING SIZE				2281		11	117 cf Class B				
8.75*		9.625** 7.000*						65/35 POZ/118 cf Class B					
6.23**			5.300"	tiner		3000 - 3365			Uncellented				
			2.875*			33221			·				
V. TEST DATA													
OIL WELL	(Test m	ust be a	fter re	covery of	total vo 24 hours	lume of load	oil and mus	t be equal	to or e	exceed	top atlo	wabl e	
Date First New Oil Run			f Test:	101 1011	24 1100/3	Producing M	lethod:		<u> </u>	7	$\overline{}$		
Date First New Oil Rus.		Tarik. Date of Test.			(Flow, pump, gas, lift, etc)			Chake Sizes					
Length of Test:		Tubing Pressure:			Casing Pressure:			Choke Sizer					
Actual Prod. Test:		Oil-Bbls.:		Water - Bbls.:		Ges-MCF:							
GAS WELL to be t	ested: co	moletion	gauges	: 4652 H	CFD (wet	2º pitot): 96	O BPOW						
Actual Prod. Test - MC	FD:	ed; completion gauges: 4652 NCFD (wet Length of Test:			Bbis. Condensate/MMCF: Gra			avity of Condensate:					
4652 MCFD (wet	t)	i Mr. Tubing Pressure:			N/A Casing Pressure: Choi			ce Size:					
Testing Method: Completion Gauge		(shut-	in)	825 p		(shut-in)	1515 ps	ig			2" pitot		
VI. OPERATOR							OII	CONSE	TAVA: ↑∩∩				
I hereby certify Division have be	en compli	ed with	and that	t the inf	ormation	given above	Date	Approved_	<u> </u>	_25	<u>1990</u>		
is true and comp	olete to th	he best	of my k	now i edge	and belie	ef.	Ву	.5~ >.	٠,				
	m	Roy	w. Wil	liams			Titl	<u>. </u>	1				
Signature			ادر	Ja				~ <u></u>				•	
Title: Administrative	Manager	Dat	e: <u>8/2</u>	0 190									
Telephone No.: (303)	247-0728												

<sup>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 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.</sup>