Submit 5 copies Appropriate District Office DISTRICT I

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 **Revised 1-1-89** See Instructions OIL CONSERVATION DIVISION at Bottom of Page

P.O. Box 1980, Hobbs, NM 88240

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

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRAISPORT OIL AND NATURAL GAS

| I. | | | | | | | | | |
|------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|--------------------------------------------------|-----------------------------|--|
| Name of Operator: | Blackwood & Michols Co., _td. | | | Well API No.: 30-045-27402 | | | | | |
| Address of Operator: | P.O. Box 1237 | , Durango, Colo | rado 8130 | 2-1237 | | | | | |
| Reason(s) for Filing (c | heck proper area) | : Othe | r (please | explain) | - | | • | | |
| New well: X | | | Change | e in Transport | er of: | | | | |
| Recompletion: | Oil: Dry Gas: | | | | | | | | |
| Change in Operator: | | Casin | ghead Gas: | | Conden | sate: | | | |
| If change of operator g and address of previous | | | | | | | | | |
| II. DESCRIPTIO | N OF WELL | AND LEASE | | | | | | | |
| Lease Name: Northeast Blanco Unit | Well No.: 454 | | | | mation: Kind Of Lease State, Federal Or | | | Lease No. Fee: SF-079043 | |
| LOCATION | | | | | | | | | |
| _ | 1010 ft. from th | ne North line an | d 1310 ft. | from the Eas | t line | | | | |
| • | | | | | | | | | |
| Section: 33 | Township: 31M | Range: 75', N | MPM, Co | ounty: San Ju | lan | | | | |
| | | · · · · · · · · · · · · · · · · · · · | ** | | | | | | |
| III. DESIGNATI | ON OF TRAN | SPORTER O | F OIL | AND NATU | RAL GAS | 3 | | | |
| Name of Authorized Transporter of Oil: or Condensate: X | | | | Address (Give address to send approved copy of this form.) | | | | | |
| Giant Transport | ation | | | P.0 | . Box 12999 | , Scottsdale | , AZ 85267 | | |
| Name of Authorized Trnsptr of Casinghead Gas: or Dry Gas: X | | | | Address (Give address to send approved copy of this form.) | | | | | |
| Blackwood & Nic | • | | | | | , Durango, C | | | |
| If well produces oil or liquids, Unit Sec. Two. Rge. give location of tanks. A 33 31% 7W | | | | Is gas actually connected? No When? 1-91 | | | | | |
| | | | | naal aiva sa | | | | | |
| If this production is co | ommingled with the | at from any othe | r lease or | pool, give co | mmingting o | rder number: | | | |
| IV. COMPLETION | DATA | | | | | | | | |
| Designate Type of Compl | | ll Gas Well | New Wel | l Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| beargnate type or compt | ector (x) or two | x | , x | WOI KOVE! | , | | June Reg V | DITT RES V | |
| Date Spudded: 10-24-89 | Date Compl. Rea | dy to Prod.: 7 | -29-90 | | Total Depti | 34531 | P.B.T.D.: | 34531 | |
| Elevations (DF, RKB, RT, GR, etc): Name of Producing Fo 6562* RKB Fruitland Co | | | | tion: Top Oil/G | | · · · · · · · · · · · · · · · · · · · | | | |
| Perforations: Uncemente | d Predrilled Line | · | | <u>. </u> | Depth Casi | | | | |
| 3161-3178'; 3220-3262'; | 3283-33021; 3305 | -3349-33 1 GH 31 | (1709 : י 7409 25 – | ن 3450 3 <i>45</i> 3 | | liner at 345 | 2'; 7" at 3 | 1251 | |
| | TUB | ING CASING | | | G RECOR | .D | | | |
| HOLE SIZE | CASIN | CASING & TUBING SIZE | | | T | SACKS CEMENT | | | |
| 12.25" | | 9.625" | | | | 295 cf Class B | | | |
| 8.75" | | 7.000" | | | | 764 cf 65/35 Poz Mix/148 Class B | | | |
| | | 5.500" Liner | | | 21 | | | | |
| | | | 3072' - 3452' | | Uncemented | | | | |
| · | | 2.875" | | | <u> </u> | | | | |
| V. TEST DATA A | ND REQUEST | FOR ALLO | WABLE | | | | | | |
| OIL WELL | (Test must be a | | | lume of load o | il and must | be equal to | or exceed | top allowable | |
| week | • | or be for full | | | aa magt | | J. 2/10000 | F | |
| Date First New Oil Run | f Test: | est: Producing Me | | | | | | | |
| Length of Test: | Tubing Pressure: | | | (Flow, pump, gas, lift, etc) (1) (2) (2) (2) (3) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7 | | | | | |
| Actual Prod. Test: | | Oil-Bbls.: | | | Water - Bbls.: Gas - 1990 | | | 3 1990 - | |
| | | | | I | | | \ \ | N DIV | |
| GAS WELL To be to | ested: completion | gauges: 5101 P | HCFD (damo | 2" pitot):56 |) BPDW | , | JIL CU | IY. DIV. | |
| Actual Prod. Test - MCF | | of Test: | | Bbls. Conde | | Gravity o | f Condensat | J. 3 | |
| 5101 MCFD (damp | b) 1 Hr. | OI TEST. | | M/A | | ", N | I/A | | |
| Testing Method: | | Pressure: | | Casing Pres | sure: 1475 psi | Choke Siz | | * pitot | |
| Completion Gauge | (shut- | | | (shut-in) | | | | | |
| VI. OPERATOR C | ERTIFICATE | OF COMPL | TANCE | | OIL | CONSERV | MOTTAN | DIVISION | |

I hereby certify that the rules and regulations 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.

RIW. William. Signature

Roy W. Williams

Title: Administrative Manager

Telephone No.:

Date Approved

SUPERVISOR DISTRICT #3

(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.

 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.