

Subrait 5 copies  
 Appropriate District Office  
**DISTRICT I**  
 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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Name of Operator:	Blackwood & Nichols Co., Ltd.	Well API No.:	30-045-27403
Address of Operator:	P.O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for Filing (check proper area):	Other (please explain) _____		
New well: X	Change in Transporter of:		
Recompletion:	Oil:	Dry Gas:	
Change in Operator:	Casinghead Gas:	Condensate:	
If change of operator give name and address of previous operator: _____			

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: Northeast Blanco Unit	Well No.: 418	Pool Name, Including Formation: Basin Fruitland Coal	Kind Of Lease State, Federal Or Fee:	Lease No. SF-079043
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**LOCATION**

Unit Letter: M; 825 ft. from the South line and 950 ft. from the West line

Section: 28 Township: 31N Range: 7W, NMPM, County: San Juan

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil: or Condensate: X Giant Transportation	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Trnsprtr of Casinghead Gas: or Dry Gas: X Blackwood & Nichols	Address (Give address to send approved copy of this form.) P. O. Box 1237, Durango, Colorado 81302-1237					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 28	Twp. 31N	Rge. 7W	Is gas actually connected? No	When? 1-91
If this production is commingled with that from any other lease or pool, give commingling order number: _____						

**IV. COMPLETION DATA**

Designate Type of Completion (X)	Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded: 12-30-89	Date Compl. Ready to Prod.: 8-8-90		Total Depth: 3476'		P.B.T.D.: 3476'			
Elevations (DF, RKB, RT, GR, etc): 6608' RKB	Name of Producing Formation: Fruitland Coal		Top Oil/Gas Pay: 3286'		Tubing Depth: 3393'			
Perforations: Uncemented Predrilled Liner 3311-3349'; 3352-3391'; 3393-3413'; 3454-3471' - OH 3286 - 3476			Depth Casing Shoe: 5.50: liner at 3272'; 7" at 3286'					

**TUBING CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	304'	295 cf Class B Neat
8.75"	7.000"	3286'	782 cf 65/35 POZ/143 cf Class B
6.25"	5.500" Liner	3221' - 3272'	Uncemented
	2.875"	3393'	

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**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 Test:	Producing Method: (Flow, pump, gas, lift, etc)	<b>RECEIVED</b>
Length of Test:	Tubing Pressure:	Casing Pressure: Choke Size:	
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	

**GAS WELL** To be tested; completion gauges: 4832 MCFD (wet 2" pitot); 5200 BPDW

Actual Prod. Test - MCFD: 4832 MCFD (wet)	Length of Test: 1 Hr.	Bbls. Condensate/MCF: N/A	Gravity of Condensate: N/A
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) 1335 psig	Casing Pressure: (shut-in) 1375 psig	Choke Size: 2" pitot

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

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.

R. W. Williams  
 Signature Roy W. Williams  
 Title: Administrative Manager Date: 9/17/90

Telephone No.: (303) 247-0728

**OIL CONSERVATION DIVISION**

Date Approved: OCT 01 1990  
 By: \_\_\_\_\_  
 Title: Supervisor  
 SUPERVISOR DISTRICT 13

**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.