Submit 5 copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT 11 P.O. Drawer DD, Artesia, NM 88210 DISTRICT III

I.

1000 Rio Brazos Rd., Aztec, NM 87410

## State of New Mexico Energy, Minerals and Matural Resources Department

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOHABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Name of Operator: Blackwood & Nichols Co. A Limited Partnership Well API No.: 30-045-27448

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

Address of Operator: P.0	0. Box 1	237, Dura	ngo, Col	orado 8	1302-123	7		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Reason(s) for Filing (ch	neck pro	per area)	:	Other	(please	explain)		leit f			
New well:		Change in Transporter						4			
Recompletion: Change in Operator: X	·				Oil: Casinghead Gas:			Gas: [[]] ensate:	<b>ୀ</b> ରଙ୍ଗ ବଧା		
If change of operator gi	ve name					-		cristic. (	067291	ଓଟ୍ଡ <sub>.</sub>	
and address of previous operator: Blackwood & Nichols Co. Ltd. Oll CON.  DIST. 3										an make and	
II. DESCRIPTION OF WELL AND LEASE									0.01.		
Lease Name: Northeast Blanco Unit	Well No. 459					ormation: Coal		Cind Of Lease State, Federal Or Fee: SF-080557			
LOCATION Unit Letter: G;	2505 ft	_ from th	e North	line and	i 1810 <i>f</i> +	from the Sou	uth line				
Section: 19	Townshi			: 7u, na		ounty: San Ju					
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 Trnsp Blackwood & Nick	singhead	Gas:	or Dry (	Gas: X	Address (Give address to send approved copy of this form.) P. O. Box 1237, Durango, Colorado 8/302-1237						
If well produces oil or give location of tanks.	Unit 6	Unit Sec. Twp. Rge. 74			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 Comple			LL Gas	s Well	New We	ll Workover	Deepen	Plug Back	Same Res'v	Diff Deals	
	<del>\</del>			X	X	WOTROVE	<u> </u>			Diff Res'v	
Date Spudded: 4-21-90 Date Compl. Ready to Prod.: 8-10-90							Total Dep	otal Depth: 3382: P.B.T.D.: 3382		33821	
Elevations (DF, RKB, RT, GR, etc): Name of Producing 6504 RKB Fruitland					-			l/Gas Pay: Tubing Depth 3061 3290		= '	
Perforations: 3043-3065'; 3107-3276';	3340-338	30' Uncem	ented Pro	edrilled -	Liner		Depth Cas 5.50	ing Shoe: : <b>liner at 33</b>	B2'; 7 <b>"</b> at 3	50611	
	+				AND	Cementino	G RECO	RD			
HOLE SIZE		CASING & TUBING STRE				DEPTH SET		SACKS CEMENT			
12.25" 8.75"		9.625#				6101		443 cf Class B			
6.25"		7.000" 5.500" liner				3061 - 3382 -		726 cf 65/35 POZ/148 cf Class G Uncemented			
	_	2.875"/				32901		or calletted			
V. TEST DATA A	ND RE	OUEST	FOR	AT.TAW	ART.R						
OIL WELL	(Test m		ter reco	very of	total vo	lume of load o	and mus	t be equa	E.G.E	top avlokabile	
Date First New Oil Run T	Date of Test:				Producing Method: (Flow, pump, gas, lift, etc) OCT 2 4 1990						
Length of Test:		Tubing	Pressure	:		Casing Pressure:			ME CO	N. DIV.	
Actual Prod. Test:	al Prod. Test: Oil-Bbls.:			Water - Bbls.:			S.:	Gas-MCF DIST. 3			
GAS WELL To be tes	ited; cor	mpletion :	gauges:	6133 MC	FD (wet	2° pitot):1480	BPDU				
Actual Prod. Test - MCFD: Length o 6133 MCFD (met) 1 Nr.						Bbls. Condensate/MMCF: N/A			Gravity of Condensate:		
Testing Method: Completion Gauge		Tubing Pressure: (shut-in) <b>psig</b>				Casing Pressure: Choke Size: 2" pitot					
VI. OPERATOR CERTIFICATE OF COMPLIANCE							<del></del>	CONSERV		<u> </u>	
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.								Approved OCT			
N.M. M. M. Signature	. Williams				Title CHOEDING OF THE CHARLES						
Title: Administrative Ma	nager	Date:	10/25	190				SUPERVISO	OR DISTRI	CT #3	
Telephone No.: (303) 24	7-0728		<i>'</i>	•							
INSTRUCTIONS: This form	is to be	filed in	complia	nce with	Rule 11	104					

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.