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DISTRICT 111

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

| Name of Operator:  | Black          | M & books           | ichols C         | o., Ltd.   |               | Well API                         | No.: 30-   | -045-27487   |                              |   |                    |       |  |
|--|----------------|---------------------|------------------|--|---------------|----------------------------------|--|--|------------------------------|---|--------------------|-------|--|
| Address of Operator:   | P.O.           | Box 1237            | , Durang         | o, Colora  | rdo 813       | 02-1237                          |  |  |                              | <del></del>                             |                    |       |  |
| Reason(s) for Filing (check proper area): Other (please explain)   |                |                     |                  |  |               |                                  |  |  |                              |   |                    |       |  |
| New well: X  |                |                     |                  |  | Chang         | ge in Transpo                    | rter of:   |  | <u> </u>                     | ,                                       | ند.                |       |  |
| Recompletion:<br>Change in Operator:   |                |                     |                  | Oil:<br>Casingh                                  | ead Gas       | :                                | -  | 'Gas: `* °°<br>densate:  | A                            | PR1 3                                   | 1990               |       |  |
| If change of operator gi<br>and address of previous  |                |                     | JK               |  | . DIV         | 3                                |  |  |                              |   |                    |       |  |
| II. DESCRIPTION  |                |                     | AND L            | ease   |               |                                  |  |  |                              | DIST.                                   | 3                  |       |  |
| Lease Name:<br>Northeast Blanco Unit   | Well No<br>428 | ).:                 | Pool Na          | Pool Name, Including Form<br>Basin Fruitland Coa |               |                                  |  | Kind Of Lease<br>State, Federal Or Fe                                |                              |   | ase No.<br>-079010 |       |  |
| LOCATION Unit Letter: A;   | 1075 ft.       | . from th           | e North          | line and   | <b>790</b> ft | . from the Ea                    | ast line   |  |                              | · • • • • • • • • • • • • • • • • • • • |                    |       |  |
| Section: 24  | Township       | o: 31N              | Range            | : 74, NM   | PN, C         | 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 P.O. Box 12999, Scottsdale, AZ 85267   |                |                     |                  |  |               |                                  |  |  |                              |   |                    | orm.) |  |
| Name of Authorized Trnsptr of Casinghead Gas: or Dry Gas: X Add<br>Northwest Pipeline  |                |                     |                  |  |               |                                  | Address (Give address to send approved copy of this form.) P.O., Box 58900, Salt Lake City, UT 84158 |  |                              |   |                    |       |  |
| If well produces oil or liquids, Unit give location of tanks.  |                | Unit<br>A           | Sec. Twp. Rg. 7W |  | Rge.          | Is gas act                       |  |  |                              | When? 06/90                             |                    |       |  |
| If this production is commingled with that from any other lease or pool, give commingling order number:  |                |                     |                  |  |               |                                  |  |  |                              |   |                    |       |  |
| IV. COMPLETION   | DATA           |                     |                  |  |               |                                  |  |  |                              |   |                    |       |  |
| Designate Type of Comple   | tion (X)       | Oil Wel             | . l Gas          | s Well<br>X                                      | New We        | ll Workover                      | Deepen   | Plug Back  | Sa                           | ame Res'v                               | Diff Re            | es'v  |  |
| Date Spudded: 11-24-89 Date Compl. Ready to Prod.: 01-23-90  |                |                     |                  |  |               |                                  | Total De   | otal Depth: 33841 P.B.T.D.: 33841                                    |                              |   |                    |       |  |
| Elevations (DF, RKB, RT, GR, etc): Name of Producing Forms 6443° GL Fruitland Coal   |                |                     |                  |  |               | ation:                           | 'Gas Pay:<br><b>)62</b> '  | y: Tubing Depth: 3260'   |                              |   |                    |       |  |
| Perforations: Open hole with an uncemented pre-perforated liner. (30621-33841)   |                |                     |                  |  |               |                                  | Depth Ca   | Depth Casing Shoe:<br>5.50*liner 3384; 7* a 3062*                    |                              |   |                    |       |  |
|  | CEMENTIN       | CEMENTING RECORD    |                  |  |               |                                  |  |  |                              |   |                    |       |  |
| HOLE SIZE  |                | CASING              | & TUBIN          | G SIZE   |               | DEPTH SI                         | ET   | T SACKS CEMENT   |                              |   |                    |       |  |
| 12.25"   |                | 9                   | .625"            |  |               | 3161                             | 295 cf of Class B Neat   |  |                              |   |                    |       |  |
| 8.75"  |                |                     | '.000"           |  |               | 3062'                            |  | 778 cf G POZ MIX/144 cf Class G Neat                                 |                              |   |                    |       |  |
| 6.25"  |                | <del></del>         | .500" li         | iner   |               | 29931-33841                      |  | Uncemented   |                              |   |                    |       |  |
| 2.875"   |                |                     |                  |  |               | 32601                            |  |  |                              |   |                    |       |  |
| 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 Me  |                                  |  | ethod:<br>, gas, lift, etc)  |                              |   |                    |       |  |
| Length of Test: Tub  |                |                     | Tubing Pressure: |  |               |                                  | Casing Pressure:   |  |                              | Choke Size:                             |                    |       |  |
| Actual Prod. Test:   | Oil-Bbls.:     |                     |                  |  | Water - Bb    | Water - Bbls.:                   |  | Gas-MCF:   |                              |   |                    |       |  |
| GAS WELL To be tes   | ted; com       | pletion o           | jauges:          | 4,847 M  | ICFD (we      | t 3/4" choke)                    | , and 780  | BLID   |                              |   |                    |       |  |
| Actual Prod. Test - MCFD: Length 4847 MCFD   |                |                     | of Test:         |  |               | Bbls. Condensate/MMC             |  | F: Gravity   | Gravity of Condensate: $N/A$ |   |                    |       |  |
| Testing Method:  |                | Tubing F<br>(shut-i | ressure<br>n)    | :<br>845 ps                                      | ig            | Casing Pressure:<br>(shut-in) N/ |  |  | Choke Size: 3/4"             |   |                    |       |  |
| VI. OPERATOR CI  |                |                     |                  |  |               |                                  | OI   | L CONSE  | RV                           | TION                                    | DIVIS              | ION   |  |
| I hereby certify that the rules and regulations of the Oil Conservation<br>Division have been complied with and that the information given above<br>is true and complete to the best of my knowledge and belief. |                |                     |                  |  |               |                                  |  | Date Approved APR 1 3 1990   |                              |   |                    |       |  |
| William F. Clark Signature  William F. Clark   |                |                     |                  |  |               |                                  | '-   | By Original Signed by FRANK T. CHAVEZ  Title MANNERYISOR DISTRICT C. |                              |   |                    |       |  |
| Title: Operations Manager Date: Uffpril 96   |                |                     |                  |  |               |                                  |  |  |                              |   |                    |       |  |
| Telephone No.: (303) 24  | 7-0728         | ····                |                  |  |               |                                  |  |  |                              |   |                    |       |  |
| INCIDICATIONS: This form   |                |                     |                  |  | - 1 44        |                                  |  |  |                              |   |                    | -     |  |

: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
   All sections of this form must be filled out for allowable on new and recompleted wells.
   Fill out Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C-104 must be filed for each pool in multiply completed wells.