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

I a k as Boardeages Energy, Minerals and Matural Resources Department

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

ويداعا الأألاب Revised 1-1-89 See Instructions at Bottom of Page

## DISTRICT 111 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.												
Name of Operator:	Operator: Blackwood & Michols Co., Ltd. Well API No.: 30-045-27509									<del></del>	<del></del>	
Address of Operator:	P.O. I	Box 1237	, Dur	ango, Color	ado 8130	2-1237						
Reason(s) for Filing (ch	eck prope	er area)	:	Other	(please	explain)			m	E	EIV	
Vew well: X Recompletion:				041.	Change	in Transport			M			
Recompletion: Oil: Change in Operator: Casinghead Gas:						•	Dry Gas: Condensate:			AUG2 2 1990		
lf change of operator gi and address of previous		·								JIL (	ZON. D DIST. 3	
II. DESCRIPTIO	N OF	MELL	AND	LEASE							<i>5</i> 131. •	
lease Name: Northeast Blanco Unit	Well No. <b>460</b>	.:	Poo	Name, Inc Basin Fr	luding Fo uitland C	rmation: oal		Of Lease e, Federal C	r Fee:		e No. 78988	
LOCATION							<del></del>	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
Unit Letter: A;	810 ft.	from th	ne No	rth line and	d 1155 ft.	. from the Eas	st line					
Section: 7	Township	: 31N	R	ange: 6W, Ni	MPM, C	ounty: San Ju	.an					
III. DESIGNATI	ON OF	TRAN	ISPO	ORTER O	F OIL	AND NATU	IRAL G	 \B			<u> </u>	
Name of Authorized Transporter of Oil: or Condensate: X Address (Give address to send a								pproved copy of this form.)				
Giant Transport		- 1 1		<u>-</u>		P.0	Box 1299	9, Scottsda	le, AZ	85267		
Name of Authorized Trnsp .ackwood & Nichol				e or Dry	Gas: X	Address (Giv		to send app , Duranc				
If well produces oil or give location of tanks.	liquids,	Unit	Sec. Twp. Rge.			is gas actually connected? No				When? 1/91		
If this production is co	enmingted	with th	at fr			nool give co	omninal ina				1771	
					12000 01	poor, give co	ommerige irig	Order Hande	:r:			
IV. COMPLETION Designate Type of Comple		Toil II		Con Hall	1		1 - 1				<del> </del>	
resignate Type of Compti	ector (x)	oil we	:::	Gas Well X	New Wel	ll Workover	Deepen	Plug Back	Same	Res'v	Diff Res'v	
ate Spudded: 5-4-90	Date Co	mpl. Rea	ady to	o Prod.: 6	- 15-90		Total Dep	th: 3326*	P.1	B.T.D.:	33261	
Elevations (DF, RKB, RT, GR, etc): Name of 6381° GL					of, Producing Formation:			Top Oil/Gas Pay:			Tubing Depth: 3242*	
Perforations:					tara cost	·	<del> </del>	oth Casing Shoe:			· ·	
2956-2979'; 3000-3022';	3063-310	7'		(8 HPF,	0.625)		5" a 33		7	7 <b>" 3</b> 29	57'	
		TUB	ING	CASING	AND	CEMENTIN	G RECO	RD				
HOLE SIZE		CASIN		UBING SIZE		DEPTH SET			SACI	SACKS CEMENT		
12.25"		9.625"				ن310		295 cf Class B				
8.75"			7.000"			2957'		726 cf 65/35 POZ/148 cf Class G			f Class G	
6.25"			5.500" Liner 2.875"			2864 - 3324			Unc	Uncemented		
V MPCM Dama a	ND DE	OHRON		<del></del>		32421	1			_	<del></del>	
V. TEST DATA A OIL WELL						1			),[	CE		
	for th	is de	on	recovery of	i totat vo 24a pho∰es	lume of load (	oll and mu	at be equat	40.01	exceed /	roop Wildwind	
ate First New Oil Run To Tank:		Dat DTE: UE				Producing M	ÔC	71/1	1990			
ength of Test:		Tub garressure 2 1000				Casing Pressure:			DIE CON. DIV.			
Actual Prod. Test:		Oil-Bbls.:				Water - Bbls.:			Gas-MDIST. 3			
GAS WRI.I. to be to	eted: cor	roletion		CON	. UIV	· • 38 - 44-44 7	/ <b>0</b> nonii	· · · · · · · · · · · · · · · · · · ·	· · · · · ·			
Ctual Prod. Test - MCFD:		Length of Test:				2" pitot); 368 BPDW  Bbls. Condensate/HMCF: Gravity			of Condensate:			
970 MCFD (damp)		1 Hr. Tubing Pressure:				N/A Casing Pressure: Choke 9		N/A				
Completion Gauge		(shut-in) 280 psig				(shut-in)	1380 p		2" pitot			
VI. OPERATOR C							OI	L CONSE	RV	MOM 8	DECEMBIO	
I hereby certify t Division have bee	mat the r n complie	utes an	a regi and t	utations of that the inf	the Dil C ormation	onservation given above	Date	Approved			<b>A</b>	
is true and compl								3.	(بر	0	The /	
R.M. Walham Signature		Roy W. Williams				Title SUP			ERVISOR DISTRICT			
Title: Administrative M	lanager	Dat	e: 8	120/90								
Telephone No.: (303) 2			7									
receptione No.: (303) 2	-1-V/CO						1					

INSTRUCTIONS: This form is to be filled in compilarate 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 1, 11, 111 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.