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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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	07	Oper. Change only								
Name of Operator: Bl	ackwood &	Nichols Co	. A Limited I	Partnershi	ip Well API N	o.: 30-045	-27509			
Address of Operator: P.	0. Box 12	37, Durango	, Colorado (81302-1237	7					
Reason(s) for Filing (c	heck prop	er area):	Other	(please	explain)		rita a	5061		
New well:				Change	e in Transport	ter of:		i d ka i	Vell	
Recompletion:			Oil: Casinghead Gas:			=	ns: 💹 🖫	ነልዋል ቤቱ		
Change in Operator: X	·		Casing	meau Gas:		Conder	isate: (OCT 2 9 19	330	
If change of operator give name and address of previous operator: Blackwood & Nichols Co										
II. DESCRIPTIO	N OF	WELL AN	D LEASE					DIST.	5	
Lease Name: Well No.: Northeast Blanco Unit 460			ol Name, Inc	luding Fo	rmation: Kind O		f Lease Federal O	Lease No. Federal Or Fee: SF-078988		
LOCATION										
Unit Letter: A;	810 ft.	from the N	orth line an	d 1155 ft.	. from the Eas	st line				
Section: 7	Township	o: 31N	Range: 6W, M	MPM, Co	ounty: San Ju	Jan				
III. DESIGNATI			ORTER O	P OIL	AND NATU	RAL GA	В			
Name of Authorized Tran	sporter o	f Oil: or	Condensate:	X	Address (Give address to send approved copy of this form.)					
Name of Authorized Trnsptr of Casinghead Gas: or Dry Gas: X					Address (Give address to send approved copy of this form.)					
If well produces oil or liquids, Unit Sec. Twp. Rge.					Is gas actually connected? No When? 1/91					
give location of tanks.		Α	7 31h	64	L	•			" 1/91	
If this production is co	ommingled	with that f	rom any other	r lease or	pool, give co	ommingling	profer number	·:		
IV. COMPLETION	DATA									
Designate Type of Compl	etion (X)	Oil Well	Gas Well X	New Wel	ll Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded: 5-4-90 Date Compal. Ready to Prod.: 6-15-90						Total Depth: 3326		P.B.T.D.: 3326*		
Elevations (DF, RKB, RT 6381' GL	, GR, etc	R, etc): Name of Producing Form Fruitland Coal			tion:	Top Oil/Gas Pay: 2957		Tubing Depth: 3242*		
Perforations:						Depth Casing Shoe:				
2956-2979'; 3000-3022';	3063-310	7'	(8 HPF,			5° a 332		7" a 29	י75 <i>7</i> י	
		TUBING	CASING	AND	CEMENTIN	G RECOR	D			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
12.25"		9.625"			310'		295 cf Class B			
8.75"		7.960"					726 cf 65/	ef 65/35 POZ/148 cf Class G		
6.25"		5.500" Liner			2864 - 3324			Uncemente	<u>t</u>	
2.875"					38451					
V. TEST DATA A	ND RE	Quest f	OR ALLO	WABLE			ia.	ere	INE	
OIL WELL			recovery of be for full		lume of load o	oil and must	be equal	o La excedi	top allemable	
Date First New Oil Run to Tank:		Date of Test:			Producing Method: (Flow, pump, gas, lift, etc)		, etc)	OCT 2 4 1990		
Length of Test:		Tubing Pressure:			Casing Pressure:		$\overline{}$	OK. CON. DIV.		
Actual Prod. Test:		Oil-Bbls.:			Water - Bbls.:			Gas-NCDIST. 3		
GAS WELL To be to	ested; com	mpletion gau	ges: 970 N	CFD (damp	2" pitot); 36	S8 BPDW			M. of separate	
		Length of Test: 1 Mr.			Bbls. Condensate/MMCF: N/A		Gravity of Condensate:			
Testing Method: Tubing F Completion Gauge (shut-in			ssure: 280 pa	sig	Casing Pres (shut-in)			oke Size: 2m pitot		
VI. OPERATOR C	ERTIF	ICATE O	F COMPL	IANCE	·	OIL	CONSE		DIVISION	
I hereby certify that the rules and regulations of the Oil Con Division have been complied with and that the information gi is true and complete to the best of my knowledge and belief.					given above	Date /	Date Approved <u>OCT 2 9 1990</u>			
·						Ву		A		
Roy W. Williams Signature						SUPERVISOR DISTRICT #3			DICT BO	
Title: Administrative M	lanager	Date: _					SUPERV	ISOR DIST	MICE BO	
Telephone No.: (303) 2	47-0728					ļ				

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

Telephone No.: (303) 247-0728

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, 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.

¹⁾ Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in