Submit 5 copies Appropriate District Office DISTRICT 1

DISTRICT III

I.

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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 ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND MATURAL GAS

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

Name of Operator: Blackwood & Michols Co., Ltd. Well API No.: 30-045-273536															
Address of Operator:	P.O.	Box 1237	, Dur	ango, Colo	rado 813	502-	-1237				2 %	4		X 49	
Reason(s) for Filing (ch	neck pro	per area)		Othe	r (please	e e >	xplain)			N	- YU		- 3 -	S	
New well: X	in Transport	ter of:		***	APR	13	1990	2							
Recompletion: Change in Operator:		•	'Gas: densate:	28											
If change of operator gi	ve name				ghead Gas	_			derisate.	<u> </u>	IT C			Y. _	
and address of previous				. D	IST.	3									
II. DESCRIPTIO	II. DESCRIPTION OF WELL AND LEASE														
Lease Name: Northeast Blanco Unit	Well N 462	ell No.: Pool Name, Including Fo 462 Basin Fruitland C					netion:	Kind Of Lease No. State, Federal Or Fee: NM-03358							
LOCATION	Unit Letter: N; 805 ft. from the South line and 1370 ft. from the West														
Unit Letter: N;	805 ft.	from the	Sout	th line and	1370 ft	. fı	rom the West	t line							
Section: 1	Township	: <u>31</u> N	Ran	ge: 7⊍, N M	PM, C	ouni	ty: San Ju	an .							
III. DESIGNATION	ON OF	TRAN	вро	RTER O	F OTL	A	ND NATE	IDAT. C	a Q						
Name of Authorized Transporter of Oil: or Condensate: X Address (Give address to send approved copy of this													form)		
Giant Transportation P.									D. Box 12999, Scottsdale, AZ 85267						
Name of Authorized Trnsptr of Casinghead Gas: or Dr Northwest Pipeline						٨	Address (Give address to send approved copy of this fo P.O., Box 58900, Salt Lake City, UT 84158-09								
If well produces oil or give location of tanks.	well produces oil or liquids, Unit ve location of tanks.				Rge.	T	Is gas actually connected? No				lihan?				
If this production is commingled with that from any other lease or pool, give commingling order number:N/A															
IV. COMPLETION	DATA	.													
Designate Type of Comple	tion (X	Oil Wel	t	Gas Well X	New We	ll	Workover	Deepen	Plug E	lack	Same R	es'v	Diff	Res'v	
Date Spudded: 12-12-89	Date Co	ompl. Read	y to	Prod.: 0	2-05-90			Total De	pth: 3	L 462'	P.B.	T.D.:	34621		
Elevations (DF, RKB, RT, GR, etc): Name of Producing Formation:							on:	Top Oil/	Top Oil/Gas Pay: Tubing Depth:						
6557' GL Perforations:				Fruit	land Coal		31		1981	981 33621			I		
Open hole with an unceme	nted pro					_		<u> </u>			3461';	7 * a	3200		
TUBING CASING AND CEMEN								NG RECORD							
HOLE SIZE	_	CASING & TUBING SIZE					DEPTH SET	T	SACKS CEMENT						
8.75"	+	9.625# 7.000#					3201	·	295 cf of Class B Neat						
6.25"	-	5.500"					32001		785 cf G 6% D-112/144 cf Class B Neat						
				1			33621		Uncemented None						
V. TEST DATA A	VD RE	OUEST	FO	R ALLOI	VARLE				<u> </u>		HOTIC				
OIL WELL	(Test m	ust be af	ter r	ecovery of	total vo	lum	ne of load o	i. and mu	ıst be ed	ual to	or ex	ceed t	op all	owable	
Date First New Oil Run T	tor tull	for full 24 hours.) Producing M													
Length of Test:	Tubing Pressure:					(Flow, pump Casing Press		ft, etc) Choke Size:							
Actual Prod. Test:	Oil-Bbls.:					Water - Bbls.:				Gas-MCF:					
GAS WELL To be tes	ted: co	moletion o	alige	s· 1 756	MCFD (M	+ 2	P nitot) o	nd 79/ DI							
Actual Prod. Test - MCFD		ngth of Test:							f Condensate:						
			Pressure: n) 300 psig				ເປັນ Casing Press	ure:	N/A Choke Size:						
	RTIP		•			<u> </u>	(shut-in)	280 p		CPDI		pitot			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation									OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									Date Approved MAY 0 3 1990						
William F. Clark								Ву	7			4			
Signature								SUPERVISOR DISTRICT #3							
Title: Operations Manager Date: 14 April 90									SU	PERVI	SOR	DIST	RICT	f 3	
<u>Telephone No.: (303) 247</u>	7-0728														

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.

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.