9 Submit 5 copies Appropriate District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

I.

DISTRICT 11 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
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 NATURAL GAS

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

Name of Operator: Bla	ackwood &	Nichols	Co. A Li	mited P	artnership	) W	eli API No.	: 30-045-	27548		
Address of Operator:	P.O. B	ox 1237,	Durango	, Color	ado 81302	2-1237					
Reason(s) for Filing (ch	neck prope	r area):		Other	(please e	explain)			.,.		
New well:				0:1	Change	in Transport					
Recompletion: Change in Operator:	Oil: Casinghead Gas:					Dry Gas: X Condensate:					
		-									<del></del>
If change of operator gand address of previous											
II. DESCRIPTION OF WELL AND LEASE  .ease Name: Well No.: Pool Name, Including Fo											
Lease Name: Northeast Blanco Unit	.: Pool Name, Including For 64 Basin Fruitland				mation: Kind Of Lease Coal State, <u>Federal</u> Or Fee				e: Lease No. e: NM-03358		
LOCATION											
Unit Letter: M;	790 ft.	from the	South	line and	<b>i 790</b> ft	. from the We	est line				
Section: 10	Towns	ship: 31N	I R	ange: 7	, NAPM,	County: Sar	n Juan				
		•			<u> </u>	•					
III. DESIGNATI	on of	TRANS	PORT	er of	OIL	AND NATU	RAL GA	В			
Name of Authorized Transporter of Oil: or Condensate: X						Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267					
Giant Transport	• • • • • • • • • • • • • • • • • • • •		C	D	C Y						
Name of Authorized Trns Blackwood & Nic	singhead Gas: or Dry Gas: X				Address (Give address to send approved copy of this form P.O. Box 1237, Durango, CO 81302-1237					form.)	
If well produces oil or	Unit Sec. Twp. Rge. 70				Is gas actually connected? No When? 3/9					01	
give location of tanks.		M	10	4							
If this production is co	i Delgarmik	with that	. Trom ar	y other	lease or	pool, give co	ommingling	order numbe	r:		<u></u>
IV. COMPLETION	DATA										
Designate Type of Compl	etion (X)	Oil Wel	l Gas	Well	New Wel	l Workover	Deepen	Plug Back	Same Res	'v Dif	f Res'v
Date Spudded:	mal Books to Dood .			L		Total Depth:		P.B.T.D.:		******	
	mpl. Ready to Prod.:  Name of Producing Forma										
Elevations (DF, RKB, RT							as Pay:				
Danfanakiana						<del></del>	Daniel Danie		<u> </u>		
Perforations:							Depth Cas	ing snoe:			
·		TUBI	NG C	SING	AND C	EMENTIN	G RECOI	RD.			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET		m !	COR C	147 2	(B)
								V. C. C. L. A. C. III			
							UU	uu U			
									MAR2 0 1991.		
· · · · · · · · · · · · · · · · · · ·					<u></u>			OII	CON	LDIV	<u> </u>
V. TEST DATA A	ND REG	QUEST	FOR	ALLO	WABLE				DIST.	3	•
OIL WELL						ume of load	oil and mus	t be equal		_	illowable
	<del></del>	<u>-</u>		or full	24 hours.						
Date First New Oil Run To Tank:		Date of Test:				Producing Method: (Flow, pump, gas, lift, etc)					
Length of Test:		Tubing Pressure:				Casing Pressure:			Choke Size:		
Actual Prod. Test:		Oil-Bbls.:				Water - Bbls.:			Gas-MCF:		
GAS WELL To be to	ested; com	pletion	gauges:								<u> </u>
Actual Prod. Test - MCFD:		Length of Test:				Bbls. Condensate/MMCF:		Gravity	Gravity of Condensate:		
Testing Method:		Tubing Pressure:				Casing Pressure:		Choke S	Choke Size:		
		(shut-in)				(shut-in)	(shut-in)				
VI. OPERATOR C						_	OII	CONSE			
I hereby certify of Division have been							Date	Approved	MAR :	2 0 199	11
is true and compl	•				-		B			A	
KM. William	n_	Roy V	. Willi	ams			<sup>By</sup>	3.	<del>\( \)</del>	Ch.	_/
Signature		•	1	i			Title	SUP	ERVISOR	0.00	<u>x</u>
Title: Administrative M	lanager	Date	: 3/19	191				- <b>-</b> -		DISTA	HCT #
Telephone No.: (303) 2	47-0728		, ,	•							

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.
- 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.