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

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT III

## Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<b>.</b>											
Name of Operator:	Blackw	ood & Nic	hol <b>s Co.,</b> Ltd.	•	Well API N	lo.: 30-04	5-27298				
Address of Operator:	P.O. B	ox 1237,	Durango, Color	ado 81302	- 1237			<u>:::</u>			
Reason(s) for Filing (ch	eck prope	r area):	Other	(please e	xplain)					FAE	l y
New well: X				Change	in Transport	er of:					
Recompletion: Change in Operator:			Oil:	ghead Gas:	Dry Gas: Condensate:				IB,		
<del></del>			Casing	meau Gas:		Conde	nsate:		l	<u> </u>	<u>1</u> 990
If change of operator gi and address of previous									611	COL	8 29.
and docress of previous	operator.									L CON	
II. DESCRIPTIO	N OF W	BLL A	ND LEASE							DIST.	
Lease Name: Northeast Blanco Unit	:	Pool Name, Inc	luding Form			Of Lease				-	
LOCATION	484	L	Basili Fi	UICCARD CO		State	e, Federal O	r ree:	E-31	50-1	
Unit Letter: A;	990 ft.	. from the	North line a	nd 790 ft.	. from the Ea	st line					
Section: 16	Township		Range: 7V, N	MPM, Col	unty: San Ju	ian					
III. DESIGNATI	ON OF	TDANG	DODED O	P OTT 1	AND NAME	DET 61				· ·	
Name of Authorized Trans			or Condensate:				<del></del>				
Giant Transport		ont. t	n condensate:	^	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267						.)
Name of Authorized Trns	otr of Cas	singhead G	as: or Dry	Gas: X	Address (Giv						<del>-</del>
Blackwood & Nich							37, Dura				•
If well produces oil or give location of tanks.				Is gas actually connected? No				When? 1/91			
<del></del>	<del>-  </del>			pool, give commingling order number:							
Tr tills production is et	Annitrig t eta	W1 C11 C110C	Troil any othe	i rease of	poor, give co	omarngting	order numbe	r:			
IV. COMPLETION	DATA										
Designate Type of Compl	etion (X)	Oil Well		New Well	Workover	Deepen	Plug Back	Same	Res'v	Diff Res	'v
Date Spudded: 1-14-pg	l pata ca	l	<u> </u>	<u> </u>	<u> </u>			l		L	
1-14-90	pate cu	mpt. Ready	y to Prod.:	4-10-90		lotal Dep	otal Depth: 3422		P.B.T.D.: 3422'		
Elevations (DF, RKB, RT, GR, etc): Name of Producing Fo					ion: Top Oil/Gas Pay:		Tut	Tubing Depth:			
6540°.GK. \$ B	4526	Fruitland Coal			3066		6' 3335'			•	
Perforations:				/ · 7/22 · ·		Depth Car	sing Shoe:				
Open hole with an uncem	ented pre-	<del></del>						0ºl ine	3421	; 7 2 306	<u>5•</u>
1015 6175			AND C	CEMENTING RECORD		RD					
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
12.25"	<del></del>	9.625"			3131		295 cf Class B				
8.75"		7.000"			30661		782 cf 65/35 POZ/148 cf Class B				
6.25"		5.500" liner			29971-34211		Uncemented				
	l	2	.375"		33351	i					_
V. TEST DATA	ND RE	QUEST	FOR ALLO	WABLE							
OIL WELL			er recovery o			oil and mu	st be equal	to or	exceed	top allowa	ble
			or be for full	24 hours.	)						
Date First New Oil Run	Date of Test:			Producing Method: (Flow, pump, gas, lift, etc)							
Length of Test:		Tubing Pressure:			Casing Pressure:			Choke	Size:		
		<u> </u>									
Actual Prod. Test:		Oil-Bbls.:			Water - Bbls.:			Gas-MCF:			
GAS WELL To be t	ested: co	moletion o	auges: 10/R	MCFD (dry	2º pitoti				<del></del>		_
Actual Prod. Test - MCI		Length o		nero (dry	Bbls. Conde	ensate/MMC	F: Gravity	of Cor	viane a t		
1948 MCFD (dry)		1 Hr.						N/A			
Testing Method: Completion Gauge		Tubing Pressure: (shut-in) 1500 psig			Casing Pressure: 1500 psig		Choke S	Choke Size: 2" pitot			
VI. OPERATOR (	ERTIF		<del></del>	<del></del>	1	<del>-                                    </del>	L CONSE	RVM	TOM		
I hereby certify					nservation		- COROD	~`*#\	70.2	279981	OH.
Division have be	en complie	ed with an	d that the in	formation g	iven above	Date	Approved				_
1s true and comp	he best of my knowledge and belief			•	る	Bill Chank					
IIW William		Roy W. Williams			By Our			DEDM	VISOR DISTRICT #3		
Signature			-11			Titl	· <u> </u>	<u>⊾⊓VI</u>	SUH	<b>DISTRIC</b>	1 /3
Title: Administrative	4anager	Date:	8/20/90								
Telephone No.: (303)	247-0728		. ,								

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

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.