Submit 5 copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

I.

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

Name of Operator:	Black	Blackwood & Nichols Co., Ltd. Well API						045-27555				
ddress of Operator: P.O. Box 1237, Durango, Colorado 81302-1237												
Reason(s) for Filing (ch	neck prop	er area)	:	Other	(please	explain)						
New well: X Change in Transporter of: Recompletion:												
Change in Operator: Casinghead Gas						•	-	Gas: lensate:				
If change of operator gi and address of previous							COR	erisate:	·			
II. DESCRIPTIO			AND I	ease	_							
Lease Name: Northeast Blanco Unit	Well No 440					ormation: Coal	Kind Of Lease State, Federal Or Fee: NM-03358					
Unit Letter: A; 1156 ft. from the North line and 903 ft. from the East line												
Section: 11 Township: 318 Range: 74, WMPM, County: San Juan												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil: or Condensate: X Giant Transportation Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267												
Name of Authorized Trnsptr of Casinghead Gas: or Dry Gas: X Address (Give address to send approved copy of P.O. Box 58900 Salt Lake City, UT 841										this form.)		
If well produces oil or give location of tanks.	well produces oil or liquids, Unit Sec. Twp. Rge. e location of tanks. A 11 31N 7W					Is gas actually connected? No When? 06/90						
If this production is commingled with that from any other lease or pool, give commingling order number:												
IV. COMPLETION			····									
Designate Type of Comple				s Well X	New We X	ll Workover	Deepen	Plug Back	Same I	Res'v	Diff Res'v	
Date Spudded: 12-27-89 Date Compl. Ready to Prod.: 01-16-90							Total Dep	oth: 3404*	h: 3404+ P.B.T.D.: 3404+			
Elevations (DF, RKB, RT, GR, etc): Name of Producing Forma 6520' GL Fruitland Coal							Top Oil/Gas Pay: Tubing Depth: 3060 3196					
Perforations:							Depth Cas	Depth Casing Shoe:				
Open hole with an uncemented pre-perforated liner. (3060'-3404')								5.5" a 3392'; 7" a 3060'				
HOLE SIZE		TUBING CASING AND C				 						
12.25"		CASING & TUBING SIZE 9.625"				DEPTH SET		SACKS CEMENT				
8.75"		7.000"				3060+		743 cf Howco Lite/148 cf Class B Neat				
6.25"	_	5.500"				33921		Uncemented Uncemented				
	2.375"					31981		None				
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable												
	for thi	s depth	or be fo	or full 2	24 hours	.)	it diki mu	st be equat	to or ex	(ceea t	cop allowable	
Date First New Oil Run T	Date of Test:				Producing Method: (Flow, pump, gas, lift, et())							
Length of Test:						Casing Press		Choke Size:				
Actual Prod. Test:	Oil-Bbls.:				Water - Bbls.: MARRE 0 1990							
						t 2" pitot), and 154 BMD OIL CON. DIV						
Actual Prod. Test - MCFD	Length of Test: 1 Hr.				Bbls. Condensate/MMC N/A		N/A					
Testing Method: 2" Pitot	Tubing Pressure: (shut-in) 1,000 psig				Casing Pressure: (shut-in) 1,380 psig		Choke Size:					
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							OIL CONSERVATION DIVISION MAR 26 1990 Date Approved					
William F. Clark						r •	Ву	Dank) Champ				
Signature Title: Operations Manager Date: 19 May 90							Title	Title SUPERVISOR DISTRICT #3				
•												
Telephone No.: (303) 247	7-0728											

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

accordance with Rule III.

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.

¹⁾ Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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