Sufbmit 5 copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II

DISTRICT III

P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

													
Name of Operator: Bla	ckwood &	Nichols	Co.	A Limited Pa	ertnershi	P Well API	No.: 30-	045-27567					
Address of Operator: P.O	. Box 123	7, Duran	g o,	Colorado 8	1302-1237	·							
Reason(s) for Filing (ch	eck prope	er area):		Other		explain)							
ew well: X Change in Transport ecompletion: Oil:								Cae•					
Change in Operator:									Dry Gas: Condensate:				
	VA 5000												
If change of operator gi and address of previous		i											
·				T 22.02									
II. DEBCRIPTION				l Name, Incl	luding Fo	rmation:	ion: Kind Of Lease Lease N			e No.			
Northeast Blanco Unit			700	Basin Fru	uitland C	oal		e, <u>Federal</u> O	r Fee:				
LOCATION													
Unit Letter: H;	1904 ft	. from th	ie N	orth line an	nd 790 f1	t. from the Ea	ast line						
Section: 14	Township	: 31N	R	ange: 7 V, N M	PM, Co	ounty: San Ju	Jan Jan						
													
III. DESIGNATIO			3PC	RTER OF	OIL	T			.				
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 Transports Name of Authorized Trnsp		singhead	Cae ·	or Dry	Gae. X							form.)	
Blackwood & Nich	-03			Address (Give address to send approved copy of this form.) P. O. Box 1237, Durango, Colorado 81302-1237									
If well produces oil or	Unit Sec. Twp. Rge.				Is gas actually connected? No When? 1-91								
give location of tanks.	mainal ad	uith that			losso or	pool give o	omminalina	order numbe		<u> </u>			
If this production is co	mm rigted	with that	. 111	on any other	tease of	hoor' Alae C	January City	JIGGI HUMUC	·· —				
IV. COMPLETION	DATA											 	
Designate Type of Comple	etion (X)	Oil Wel	١.	Gas Well X	New Wel	l Workover	Deepen	Plug Back	Same	Res'v	Diff	Res'v	
Date Spudded: 2-16-90 Date Compl. Ready to Prod.: 10-23-90							Total Dep	otal Depth: 3413: P.B.T.D.: 3413:					
Elevations (DF, RKB, RT, GR, etc): Name of Producing Forma						tion:	Gas Pay:	Pay: Tubing Depth:					
6477' RKB		Fruitland Coal				3001'		3341'					
Perforations: Open Hole 3047-3066'; 3104-3161';	30011-34 3216-333	13' 2'; 3391-	340	9º Uncemente	ed Preperi	fed Liner		Depth Casing it 3412'	Shoe:	at 300	١•		
	<u> </u>			CASING		CEMENTIN	G RECO	RD					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SE		SACKS CEMENT					
12.25"	9.625"					297'		29	295 cf Class B				
8.75"	- 	7.000"					3001'		730 cf Class B/148 cf Class B				
			E E O	Ou Lines		29631 - 34		Uncemented					
6.25"	5.500" Liner 2.875"					33411		Bricemerica					
	_ <u>-</u> '					3341			•				
V. TEST DATA A									3.25a av		.18a 40a75		
OIL WELL				recovery of be for full		lume of load	olland mu	ist the equal.		xcreq	CONTRACT	ltoweble	
Date First New Oil Run	Date of Test:				Deadusing Mathods					11.77			
					(Flow, pump, gas, lift, etc) NOV2 0 1000								
Length of Test:	Tubing Pressure:				Casing Pres		Choke	Size:	, , , , , , , , , , , , , , , , , , , 				
Actual Prod. Test:	Actual Prod. Test:					Water - Bb	OIL	015.1 1210	N. L	ΣΙ Ϋ,			
GAS WELL To be te	ested; co	mpletion	gaug	ges: 1,948	MCFD (2*	pitot wet);	690 BPDW	, ,,	-M-12-1	- 		· -	
Actual Prod. Test - MCFI 1,948 MCFD (we	Length of Test:				Bbls. Condensate/MMCF:		F: Gravity	Gravity of Condensate:					
Testing Method:	esting Method:			ssure:		Casing Pressure: (shut-in) 1400 psi		Choke S	Choke Size:				
VI. OPERATOR C	PDMTP	(shut-i		250 p		1 (81101-111)		L CONSE	RVAT				
I hereby certify t						onservation	"		JA	NÎ 8	3 199	1	
Division have bee	d with and that the information g e best of my knowledge and belief				given above	1							
is true and compl	ete to th	ne best o	f my	/ knowledge (and belie	τ.	Ву_	3	دب	ϵ	the.	_/	
Signature Walkyr	n	Roy	W. L	illiams			Tit	le <u>SUI</u>	PERVI	 SOR (DIST	a HCT ∤	
Title: Administrative M	anager	Date	: //	120/90									
_	-			<i>i</i> — <i>T</i> —			i						

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

Telephone No.: (303) 247-0728

- 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.