SUDMIT 3 COPIES Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

DISTRICT III

I.

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

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Matural 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:	Black	wood & Ni	s Co., Ltd		lo.: 30-	<b>145-27736</b>				<del></del>				
Address of Operator:	P.O.	Box 1237,	Dur	migo, Colo	rado 813	502	· 1237	<del></del>	· · · · · · · · · · · · · · · · · · ·				<del></del>	
Reason(s) for Filing (ch	eck prop	er area):		Othe	r (please	e>	(plain)							
New well: X					Chang	ge	in Transport	er of:		M	EC	E I	AE	
Recompletion: Change in Operator:		Oil: Casinghead Gas:					Dry Gas: Condensate:		lb)		-	• -		
If change of operator gi	Ve nome	<del></del> -		Castil	gnead Gas	· :		Cond	ensate:	11/7	AUG	221	990	
and address of previous	operator						<del> </del>		<del></del>	(	OIL C	ON.	DIV	
	THE THE PARTY OF T											MST.	3	
Lease Name: Northeast Blanco Unit	Well No 474						ation: il	Kind Of Lease State, Federal			Leas	e No. 079010		
LOCATION Unit Letter: M;	798 ft.	from the	: Sou	ith line an	nd 793 f	t. 1	from the Wes	t line						
Section: 26	Township	): 31N	Ra	nge: 7V, N	MPH, (	Cou	nty: San Ju	ian						
III. DESIGNATIO	ON OF	TRANS	3 <b>P</b> O	RTER O	F OIL	Α	ND NATU	RAL G	AS					
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: lackwood & Nichols Co., Ltd.						7	Address (Give address to send approved copy of this for P. O. Box 1237, Durango, CO. 81302						form.)	
If well produces oil or	1				╁	Is gas actually connected?			Mhan2					
give location of tanks.					Д.	r pool, give commingling order num				°   '/''				
		with the	. 110	m any othe	r tease o	or p	ool, give co	mingling	order numbe	er: _				
IV. COMPLETION  Designate Type of Complete		Oil Wel	ı	Gas Well	May Us	-11	Links		<u> </u>	1			···	
		0,1 же		X	New We	e ( (	Workover	Deepen	Plug Back	Sar	ne Res'v	Diff	Res'v	
Date Spudded: 2-6-90	ly to	to Prod.: 5-9-90				Total Depth: 3194		P.B.T.D.: 31941						
43701 BVB / A / - / i					of Producing Formation: Fruitland Coal			•	Top Oil/Gas Pay: 2830°			Tubing Depth: 2813*		
Perforations: Open hole with an unceme	ented pre	-perforat	ted t	iner. (283	30'-3194'	)		Depth Ca	sing Shoe:	50=	liner 319	ZI. 7s	2 2830	
							EMENTING	RECO						
HOLE SIZE		CASING & TUBING SIZE					DEPTH SET SACKS CEMENT							
12.25"		9.625"					3061		29	295 cf Class B Neat				
8.75"		7.000"					28301		796 cf 65/35 POZ/146 cf Class B					
6.25#		5.500" liner					28301-319	-	Uncemented					
	2.375"					2813'				<del></del>				
V. TEST DATA A	ND RE	QUEST	FO	R ALLO	WABLE	}							<del></del>	
OIL WELL	(Test m	ust be af	ter i		f total v	olu	me of load o	oil and mu	ist be equal	to o	r exceed	top al	louable	
Date First New Oil Run 1	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 te	sted; com	pletion	gauge	es: 600 t	HCFD ( 2ª	pi	tot, wet) 24	6 BPDW					<del></del>	
Actual Prod. Jest - MCFI 158 690 MCFD (wet)	Length of Test:					Bbls. Condensate/MMCF: N/A		F: Gravity	Gravity of Condensate:					
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) psig					Casing Pressure: (shut-in) /520		Choke S	Choke Size: 2ª pitot					
VI. OPERATOR C	BRTIF					÷	(3.131 111)		L CONSE	RVA	<u> </u>		BION	
I hereby certify t Division have been is true and comple	n complie	d with ar	nd th	at the inf	ormation	q i	servation ven above	1	Approved		EPII	1990 א		
R.M. M. Shum	Roy W. Williams						By	Title SUPERVICES SIGNATURE						
Title: Administrative Ha	anager	Date	8/	20/90					GUP	<del>-rivi</del>	<del>&gt;UH D</del> I	STAK	et ∤3	

Telephone No.: (303) 247-0728

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.