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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

I.

Name of Operator: **Blackwood & Nichols Co., Ltd.** Well API No.: **30-045-27660**

Address of Operator: **P.O. Box 1237, Durango, Colorado 81302-1237**

Reason(s) for Filing (check proper area): ☐ Other (please explain) _____

New well: ☒ X

Change in Transporter of: _____

Recompletion: _____

Oil: _____

Dry Gas: _____

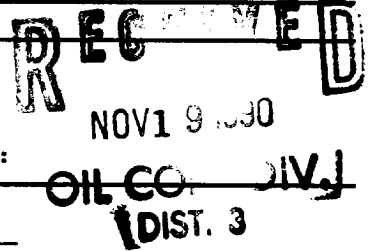
Change in Operator: _____

Casinghead Gas: _____

Condensate: _____

If change of operator give name

and address of previous operator: _____



II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 492	Pool Name, Including Formation: Basin Fruitland Coal	Kind Of Lease State, Federal Or Fee:	Lease No. NM-03358
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LOCATION

810 ft. from the North line and 1530 ft. from the East line

County: **San Juan**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: or Condensate: <input checked="" type="checkbox"/> X Giant Transportation	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267
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Name of Authorized Trnspr of Casinghead Gas: or Dry Gas: <input checked="" type="checkbox"/> X Blackwood & Nichols	Address (Give address to send approved copy of this form.) P.O., Box 1237, Durango, CO 81302-1237
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If well produces oil or liquids, give location of tanks.	Unit B	Sec. 12	Twp. 31N	Rge. 7W	Is gas actually connected? <input type="checkbox"/> No <input type="checkbox"/> Yes	When? 1-91
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If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X					

Date Spudded: 5-30-90	Date Compl. Ready to Prod.: 7-19-90	Total Depth: 3547'	P.B.T.D.: 3547'
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Elevations (DF, RKB, RT, GR, etc): 6624' GL	Name of Producing Formation: Fruitland Coal	Top Oil/Gas Pay: 3198'	Tubing Depth: 3416'
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Perforations: 3545-3525'; 3437-3349'; 3327-3284'; 3243-3224 Uncemented Predrilled Liner	Depth Casing Shoe: 5" @ 3547'	7" @ 3198'
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TUBING CASING AND CEMENTING RECORD

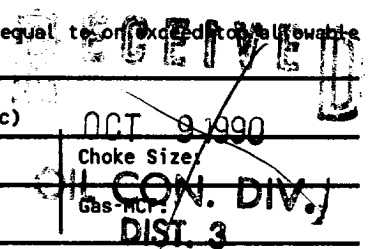
WOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	312'	295 cf Class B Neat
8.75"	7.000"	3198'	792 cf POZ MIX/148 cf Class B
6.25"	5.500" Liner	3117' - 3547'	Uncemented
	2.875"	3416'	

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 total allowable for this depth or be for 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:
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:



GAS WELL To be tested; completion gauges: **267 MCFD (damp 3/4" choke); 136 BPDW**

Actual Prod. Test - MCFD: 267 MCFD ()	Length of Test: 1 Hr.	Bbls. Condensate/MMCF: N/A	Gravity of Condensate: N/A
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) 850 psig	Casing Pressure: (shut-in) 1000 psig	Choke Size: 3/4" choke

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.

RW Williams
Signature

Roy W. Williams

Title: Operations Manager

Date: **10/4/90**

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved **NOV 19 1990**

By **Original Signed by FRANK T. CHAVEZ**

Title **SUPERVISOR DISTRICT # 3**

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.