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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

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

I.

Name of Operator: Blackwood & Nichols Co. A Limited Partnership	Well API No.: 30-045-27707
Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237	
Reason(s) for Filing (check proper area): <input type="checkbox"/> Other (please explain) _____	
New well: <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion: <input type="checkbox"/>	Oil: <input type="checkbox"/>
Change in Operator: <input checked="" type="checkbox"/>	Casinghead Gas: <input type="checkbox"/>
	Dry Gas: <input type="checkbox"/>
	Condensate: <input type="checkbox"/>
If change of operator give name and address of previous operator: Blackwood & Nichols Co., LTD	

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JAN 30 1991

**OIL CON. DIV.
DIST. 3**

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 468	Pool Name, Including Formation: Basin Fruitland Coal	Kind Of Lease State, Federal Or Fee:	Lease No. SF-079003
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LOCATION

Unit Letter: **A**; **415 ft.** from the North line and **1215 ft.** from the East line

Section: **35** Township: **31N** Range: **7W, NMPM**, County: **San Juan**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: or Condensate: <input checked="" type="checkbox"/> Giant Transportation	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Trnsprtr of Casinghead Gas: or Dry Gas: <input checked="" type="checkbox"/> Blackwood & Nichols	Address (Give address to send approved copy of this form.) P. O. Box 1237, Durango, Colorado 81302-1237					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 35	Twp. 31N	Rge. 7W	Is gas actually connected? <input checked="" type="checkbox"/> No <input type="checkbox"/>	When? 1-91

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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
Date Spudded: 6-12-90	Date Compl. Ready to Prod.: 9-20-90				Total Depth: 3278'	P.B.T.D.: 3278'		
Elevations (DF, RKB, RT, GR, etc): 6337' RKB	Name of Producing Formation: Fruitland Coal				Top Oil/Gas Pay: 2940'	Tubing Depth: 3104'		
Perforations: 3123-2906' Uncemented preperfed liner					Depth Casing Shoe: 5" at 3124' 7" at 2940"			

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	307'	295 cf Class B
8.75"	7.000"	2940'	726 cf 65/35 Class B/148 Class B
6.25"	5.500" Liner	2835' - 3124'	Uncemented
	2.375"	3104'	

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 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:	Choke Size:
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	Gas-MCF:

GAS WELL To be tested; completion gauges: **10,362 MCFD (2" pitot mist); 541 BPDW**

Actual Prod. Test - MCFD: 10,362 MCFD (mist)	Length of Test: 2 Hr.	Bbls. Condensate/MMCF: N/A	Gravity of Condensate: N/A
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) 220 psig	Casing Pressure: (shut-in) 1370 psig	Choke Size: 2" pitot

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.

Signature Roy W. Williams Roy W. Williams

Title: Administrative Manager

Date: 1/25/91

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved JAN 30 1991

By _____

Title Supervisor

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.