Submit 5 copies Appropriate District Office DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III

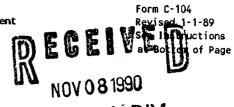
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



OIL CON. DIV.

I.							\ C) ST. 3		
Name of Operator: Blacks	ood & Nicha	ls Co.	A Limited P	artnersh	ip Well API	No.: 30	-045-27710			
Address of Operator: P.O. I	30x 1237, Du	rango,	Colorado 8	1302-123	7					
Reason(s) for Filing (check	proper are	a):	Other	(please	explain)					
New well: X				Chang	je in Transport	ter of:				
Recompletion:		Dry Gas:								
Change in Operator:	:	Conc	lensate:							
If change of operator give										
and address of previous ope	erator:						 			
II. DESCRIPTION	OF WELI	AN	D LEASE							
Lease Name: We Northeast Blanco Unit	e: Well No.: Pool Nam Blanco Unit 498 Ba				ame, Including Formation: Basin Fruitland Coal				Lease No.	
LOCATION	470	i	Basin Fr	uittand	Loat	Stat	e, <u>Federal</u> C	r Fee:	NM-03358	
Unit Letter: L; 1	500 ft. from	the S	South line ar	nd 790 f	t. from the We	est line				
Section: 13 To	wnship: 31N	1	Range: 7W, W	KPM, C	County: San Ju	Jan				
III. DESIGNATION	מידי ער	NRP	ORTER OI	P OTT.	AND NATE	IDAT. G	N C			
Name of Authorized Transpor			Condensate:					arayad sa	ny of thi	- (ann)
Giant Transportati	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267									
Name of Authorized Trnsptr	of Casinghe	ad Gas	: or Dry	Gas: X	Address (Giv	e address	to send app	roved cop	y of this	form.)
Blackwood & Nichol	s				1		37, Durango,			
If well produces oil or lic give location of tanks.	puids, Unit	Se 13		Rge.	Is gas actually connected? No When? 1-91					 ·91
If this production is commi	noled with t			lesse	r pool give o		andan numba			
The production to commit	ngree wren		our drip other	tease o	poot, give co	January (116	j order numbe	T		
IV. COMPLETION D	ATA								_	
Designate Type of Completic	on (X) Oil	Well	Gas Well	New We	ll Workover	Deepen	Plug Back	Same Re	s'v Dif	f Res'v
Date Spudded: 6-5-90 Date Compl. Ready to Prod.: 11-2-90						Total De	otal Depth: 3385, P.B.T.D.:3385			
Elevations (DF, RKB, RT, G	ation:	ion: Top Oil/Gas Pay:			Tubing Depth:					
6457' RKB Fruitland Co						3074*		3077'		
Perforations: Open Hole No	Liner. Ope	n Hole	30741-33851			Depth Ca	sing		. 707/-	
						<u> </u>		/- a	t 3074'	
	CEMENTING RECORD									
HOLE SIZE	CAS		TUBING SIZE		DEPTH SET		SACKS CEMENT			
12.25"		9.625"			3091		295 cf Class B Neat			
8.75"		7.00	00"		3074		759 cf 65/35 Poz Mix			
		2.87	75"		3077'					
V. TEST DATA AND	REQUES	T F	OR ALLO	WABLE						
OIL WELL (1	est must be	after	recovery of	total vo	olume of load o	oil and mu	ıst be equal	to or exc	eed top a	allowable
			be for full	24 hours						
Date First New Oil Run To	lank: Date	of Te	st:		(Flow, pump	Producing Method: (Flow, pump, gas, lift, etc)				
Length of Test:	Tubii	ng Pre	ssure:		Casing Pres	Casing Pressure:		Choke Size:		
Actual Prod. Test:	Oil-I	bls.:			Water - Bbls.:			Gas-MCF:		
GAS WELL To be teste	d; completi	on gau	ges: 919 M	CFD (2"	pitot dry); TS	TM BPDW				
ctual Prod. Test - MCFD: Length o			Test:		Bbls. Condensate/MMC N/A		F: Gravity	Gravity of Condensate:		
Testing Method: Completion Gauge						Casing Pressure: Choke Size: (shut-in) 1500 psig 2" pitot				
VI. OPERATOR CER	TIFICAT	R O			· · · · · · · · · · · · · · · · · · ·		L CONSE	RVATIO		
I hereby certify that										
Division have been co is true and complete						Date	e Approved	IVU	V 2 0 1	ココリ
RWMM						Ву_		7	<u></u> A	_ ,
Signature Signature	RC	y W. I	Jilliams			Title_ Bir) Chan				
Title: Administrative Mana	an n	.	11/6/90				SI	JPERVIS	SOR DIS	TRICT
TILLE: ACHINISTRATIVE MANA	yer Da	ice:	11/2/10			- 1		-		
Telephone No.: (303) 247-	0728									

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

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.