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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

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: <b>Blackwood &amp; Nichols Co. A Limited Partnership</b>	Well API No.: <b>30-045-27720</b>
Address of Operator: <b>P.O. Box 1237, Durango, Colorado 81302-1237</b>	
Reason(s) for Filing (check proper area): <input type="checkbox"/> Other (please explain) _____	
New well: <input checked="" type="checkbox"/>	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: <b>Northeast Blanco Unit</b>	Well No.: <b>444</b>	Pool Name, Including Formation: <b>Basin Fruitland Coal</b>	Kind Of Lease State, <u>Federal</u> Or Fee:	Lease No. <b>SF-079010</b>
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#### LOCATION

Unit Letter: **A**; **1123** ft. from the North line and **790** ft. from the East line

Section: **23** 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: <b>X</b> <b>Giant Transportation</b>	Address (Give address to send approved copy of this form.) <b>P.O. Box 12999, Scottsdale, AZ 85267</b>					
Name of Authorized Trnspr of Casinghead Gas: or Dry Gas: <b>X</b> <b>Blackwood &amp; Nichols</b>	Address (Give address to send approved copy of this form.) <b>P. O. Box 1237, Durango, Colorado 81302-1237</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>23</b>	Twp. <b>31N</b>	Rge. <b>7W</b>	Is gas actually connected? <b>No</b>	When? <b>1-91</b>

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 <b>X</b>	New Well <b>X</b>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded: <b>6-2-90</b>	Date Compl. Ready to Prod.: <b>11-6-90</b>			Total Depth: <b>3524'</b>	P.B.T.D.: <b>3524'</b>			
Elevations (DF, RKB, RT, GR, etc): <b>6593' RKB</b>	Name of Producing Formation: <b>Fruitland Coal</b>			Top Oil/Gas Pay: <b>3150'</b>	Tubing Depth: <b>3172'</b>			
Perforations: <b>Open Hole No Liner. Open Hole 3150'-3524'</b>				Depth Casing <b>7" at 3172'</b>				

#### TUBING CASING AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	312'	295 cf Class B Neat
8.75"	7.000"	3150'	784 cf Class B
	2.875"	3172'	

#### 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)	<b>NOV 29 1990</b>
Length of Test:	Tubing Pressure:	Casing Pressure:	<b>OIL CON. DIV. I</b>
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	<b>Gas-MCFD 3</b>

##### GAS WELL To be tested; completion gauges: 1,756 MCFD (2" pitot wet); 411 BPDW

Actual Prod. Test - MCFD: <b>1,756 MCFD (wet)</b>	Length of Test: <b>1 Hr.</b>	Bbls. Condensate/MMCF: <b>N/A</b>	Gravity of Condensate: <b>N/A</b>
Testing Method: <b>Completion Gauge</b>	Tubing Pressure: (shut-in) <b>1050 psig</b>	Casing Pressure: (shut-in) <b>1500 psig</b>	Choke Size: <b>2" pitot</b>

#### 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.

*Roy W. Williams*  
Signature

Roy W. Williams

Title: Administrative Manager

Date: **11/28/90**

Telephone No.: (303) 247-0728

#### OIL CONSERVATION DIVISION

Date Approved **JAN 14 1991**  
Original Signed by **CHARLES GHOLSON**

By \_\_\_\_\_  
Title **DEPUTY OIL & GAS INSPECTOR, DIST. 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.