

Submit: 5 copies  
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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

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

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

**I.**

Name of Operator:	Blackwood & Nichols Co., Ltd.	Well API No.:	30-045-27721
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.: 466	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: B; 860 ft. from the North line and 1845 ft. from the East line

Section: 34 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: X 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: X 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 B	Sec. 34	Twp. 31N	Rge. 7W	Is gas actually connected? No	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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded: 6-21-90	Date Compl. Ready to Prod.: 9-4-90				Total Depth: 3197'	P.B.T.D.: 3197'		
Elevations (DF, RKB, RT, GR, etc): 6287' RKB	Name of Producing Formation: Fruitland Coal				Top Oil/Gas Pay: 2799'	Tubing Depth: 3125		
Perforations: 2867-2909'; 2998-3195' Uncemented Predrilled Liner OH 2799 - 3197					Depth Casing Shoe: 5.50: liner at 3197'; 7" at 2799'			

**TUBING CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	303'	295 cf Class B
8.75"	7.000"	2799'	677 cf 65/35 PO2/148 cf Class B
6.25"	5.500" Liner	2683' - 3197'	Uncemented
	2.875"	3125'	

**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>RECEIVED</b> SEP 18 1990 OIL CON. DIV.; DIST. 3
Length of Test:	Tubing Pressure:	Casing Pressure:	
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	

**GAS WELL** To be tested; completion gauges: 14,000 MCFD (mist 2" pitot); 402 BPDW

Actual Prod. Test - MCFD: 14,000 MCFD (mist)	Length of Test: 1 Hr.	Bbls. Condensate/MMCF: N/A	Gravity of Condensate: ~ N/A
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) 1230 psig	Casing Pressure: (shut-in) 1330 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.

R. W. Williams  
Signature Roy W. Williams

Title: Administrative Manager

Date: 9/12/90

Telephone No.: (303) 247-0728

**OIL CONSERVATION DIVISION**

Date Approved: OCT 01 1990

By: \_\_\_\_\_

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.