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DISTRICT_111

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

Form C-104 **Revised 1-1-89** See Instructions at Bottom of Page

I.										
Name of Operator: Bla	ckwood &	Nichols Co	. A Limited P	artnersh i	p Well API N	o.: 30-04	5-27721			
Address of Operator: P.C). Box 12	37, Durango	, Colorado 8	1302-1237	, , , , , , , , , , , , , , , , , , , ,					
Reason(s) for Filing (ch	eck prop	er area):	Other	(please	explain)		i i	3 5		1 4 47 ED E
New well: Recompletion:			Oil:	Change	in Transport	er of: Dry ([].	ا الله الله الله الله الله الله الله ال		
Change in Operator: X				head Gas:		•	ensate:	$oldsymbol{G}$		
If change of operator gi	ve name					 			T 2 9	
and address of previous	operator	: <u></u>	ood & Nic	hols Co	o. LTD			OIL	CO!	V. DIV.
Lease Name:	. DESCRIPTION OF WELL se Name: Well No.:			Pool Name, Including Form			Of Lease		Lease No.	
ortheast Blanco Unit 466			Basin Fr				Federal Or Fee:		SF-079003	
LOCATION	840 4+	from the N	lanth line on	4 40/E 4+	from the Ess	a lina				
Unit Letter: B;		i i om the s	MICH CINE DIX	3 1045 FC.	, IION ENE EAS	oc cire				
Section: 34	Township	: 31N	Range: 7W, M	IPM , Co	ounty: San Ju	Jan				
III. DESIGNATI	on of	TRANSP	ORTER OI	OIL	AND NATU	RAL G	\s			
Name of Authorized Transporter of Oil: or Condensate: X					Address (Give address to send approved copy of this form.)					
Giant Transportation					P.O. Box 12999, Scottsdale, AZ 85267 Address (Give address to send approved copy of this form.)					
Name of Authorized Trnsp Blackwood & Nic		singhead Ga	s: or Dry	Gas: X			to send appo 17, Durango ,			
If well produces oil or liquids, Unit give location of tanks.			ec. Twp.	Rge.	Is gas actually connected?			When? 1-91		
If this production is co					pool give co	neminalina	order pumbe	<u> </u>	·	
Tr time production is co		with that i	Tom drif Other	tease or	poor, give ec	Zimiling Cing	Orget Hambe	· ·		
IV. COMPLETION	$\overline{}$									
Designate Type of Comple	etion 740	Oil Well	Gas Well X	New Wel	l Workover	Deepen	Plug Back	Same	Res'v	Diff Res'v
Date Spudded: 6-21-90 Date Compl. Ready to Prod.: 9-4-9						Total Dep	P.E	P.B.T.D.: 31971		
Elevations (DF, RKB, RT, GR, etc): Name of Producing 6287° RKB Fruitland				ing Forma L and Coal	tion: Top Oil/Gas Pay: 2799'			Tubing Depth: 3125		
Perforations: 2867-2909'; 2998-3195' Uncemented Predrilled Liner					,	Depth Cas 5.50: li	Depth Casing Shoe: 5.50: liner at 3197°; 7° at 2799°			
		TUBIN	G CASING	AND	CEMENTIN	G RECO	RD			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
12.25"		9.625"			3031		295 cf Class B			
8.75*		7.000"			2799' 677 cf 6			/35 POZ/148 cf Class B		
6.25"		5.500" liner			26831 31971			Uncemented		
	!		75"		3125		<u></u>			
V. TEST DATA A	ND RE	QUEST I	OR ALLO	VABLE			[F	1 6	98.75 PF2	top attomable
OIL WELL	(Test me for th	dst be afte is depth or	r recovery of be for full	total vo 24 hours.	lume of load o	oil and sau	st be equali-	th dies	xceed	top attomable
Date First New Oil Run	To Tank:	Date of To	Test:		Producing Method: (Flow, pump, gas, l		ft, etc)		CT 2 4 1990	
Length of Test:	<u> </u>	Tubing Pro	essure:	<u>-</u>	Casing Pressure:		1	ON TO		N. DIV.
ctual Prod. Test. Oil-I		Oil-Bbls.		Water - Bbls.:			Gas-MCF DIST. 3			
GAS WELL To be te	sted con	moletion gas	Jaes: 14_000	MCFD (mi	st 2" pitot):	402 RPDU			_	
Actual Brod. Test - MCFD: Length of Test:					Bbls. Condensate/MMCF: Gravity of Condensate:					
14,000 MCFD (mi	st)	1 Mr. Tubing Pressure:			Casing Pressure: Choke			Size:		
/ Completion Gauge		(shut-in)	1230 pe		(shut-in)	1330 p	Big			pitot
VI. OPERATOR C						OI	L CONSE	RVAT	ION	DIVISION
I hereby certify that the rules and regulations of the Oil Co Division have been complied with and that the information g					given above	Date	Date Approved			
is true and compl	ete to th	ne best of m	ry knowledge a	and belie	f.	Ву	067	ွှင့္ '	900	
KIW. Phy Shami		Roy W. Williams			Title			1		
Signature		.	olzch.			-		: <i>(1)</i>	ئى دىد دىد	<i>F</i>
Title: Administrative M	-	Date: /	0/25/90					****		or bo
Telephone No.: (303) 2	47-0728					ı				-

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.

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.