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P.O. Drawer DD, Artesia, NM 88210

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.

DISTRICT II

DISTRICT III

Name of Operator: Blackwood & Nichols Co. A Limited Partnership Well API No.: 30-045-27722													
Address of Operator: P.O	). Box 12	37, Dura	ngo,	Colorado (	B1302-123	7			-		····		
Reason(s) for Filing (ch	eck prop	er area)	:	Other	r (please	explain) _					<del></del>		
New well: X Change in Transporter of:													
Recompletion: 0il: Change in Operator: Casinghead Gas:								Dry Gas:					
		· · · · · · · · · · · · · · · · · · ·		Casing	gnead Gas	:		Conde	ensate:				
If change of operator gi and address of previous		:	·-·										
II. DESCRIPTION	N OF	WELL :	ANI	LEASE									
Lease Name: Northeast Blanco Unit	Well No.: Pool Name, Including F 480 Basin Fruitland								Of Lease e, Federal (	Or Fo		Lease No. NM-033563	
Unit Letter: L;	1595 ft	t. from t	he S	outh line a	nd <b>891</b> 1	t. from the	West l	line					
Section: 14	Township	o: 31N	R	tange: <b>7⊍, N</b>	MPM, C	county: San	Juan						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
							dress (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267						
Name of Authorized Trnsptr of Casinghead Gas: or Dry Gas: X Blackwood & Nichols					Gas: X	Address (Give address to send approved copy of this form.) P. O. Box 1237, Durango, Colorado 81302-1237							
If well produces oil or give location of tanks.	liquids,	, Unit Sec. Twp. Rge. L 14 31W 7W			Is gas actually connected? No					When	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 Comple	tion (X)	Oil We	ii	Gas Well X	New We	ll Workove	r De	epen	Plug Back	Sa	ome Res'v	Diff Res'v	
Date Spudded: 6-15-90 Date Compl. Ready to Prod.: 10-3-90							Tota	Total Depth: 3398			P.B.T.D.: 3398*		
Elevations (DF, RKB, RT, GR, etc): Name of Producing Forma 6502' RKB Fruitland Coal						ation:	ion: Top Oil/Gas P 3065			Pay: Tubing Depth: 3309'			
Perforations: Open Hole 3065:-3398: 3097-3146; 3204-3280: Uncemented Pre-perfed Liner							Depth Casing Shoe: 5 at 3398 7 at 3065						
TUBING CASING AND CEMENTIN								3 RECORD					
HOLE SIZE		CASING	& T	UBING SIZE		DEPTH		SACKS CEMENT					
12.25"		9	7.62	5"		3121			295 cf Class B				
8.75"		7	.000	11		3065 7			26 cf 65/35 Poz Mix/148 cf 65/35 Poz				
6.25"		5	0" Liner		3021' - 3398'			Uncemented					
	2.875"						33091						
V. TEST DATA AN	(Test mu	st be af	ter		total vo		d oil a	and mus	t be equal	to o	or exceed	top allowable	
Date First New Oil Run To Tank:		Date of Test:				Producing Method: (Flow, pump, gas, lift,			t, etc)	1,7			
Length of Test:	Tubing Pressure:				Casing Pressure:			£	Choke Size:				
Actual Prod. Test:	Oil-Bbls.:				Water - Bbls.:			8	Gas-MCF:				
						pitot mist);185 BPDW							
Actual Prod. Test - MCFD 2,416 MCFD (dam	Length of Test: 1 Hr.				Bbls. Condensate/M N/A		e/MMCF	N/A					
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) 350 psig				Casing Pressure: (shut-in) 1500		: 500 ps	Choke Size: Sig 2" pitot					
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Cor Division have been complied with and that the information gi is true and complete to the best of my knowledge and belief.						given above							
Signature K.M. Mhnin	Roy W. Williams						Title SUPERVISOR DISTRICT # 3						
Title: Administrative Ma	Date:	11/90											

Telephone No.: (303) 247-0728

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.