Submit 5 copies Appropriate District Office DISTRICT 1 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 Hexico Emergy, Winerals and Natural Resources Department

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

OIL CONSERVATION DIVISION

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

| Name of Operator: Blackwood | & Wichols | Co. A L | mited P | artnersh | IP Well API | No.: 30-0 | 45-27991 | | | | | |
|--|---|------------------------------------|----------------|-------------------|---|---|----------------------------------|----------------------|-----------------------------|-----------------|---------------------------------------|--|
| Address of Operator: P.O. Box | 1237, Dura | ngo, Colo | orado 8 | 130: 1237 | 7 | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Reason(s) for Filing (check pro | oper area) | : | Other | (please | explain) | | | ra r | | 9 8 | F (2) | |
| New well: | | | | Change | e in Transport | | | in r | CE | 1 4 | | |
| Recompletion: Change in Operator: X | | | Oil: Casing | head Gas: | 1 | Dry Ga Conder | | UN . | | 2 400 | | |
| If change of operator give name | | | | | ···· | | | J | AN 3 (| 9 199 | 11 | |
| and address of previous operate | | ood & Nic | chols Co | . LTD | | | | OIL | COI | N. | DI∀. | |
| II. DESCRIPTION OF | WUT.T. | awn r | PROP | | | | | | DIST | | • | |
| Lease Name: Well | ···· | | | luding Fo | rmation: | Kind 0 | of Lease | | Lease | | | |
| Northeast Blanco Unit 504 | | | | uitland C | oal | | , Federal | Or Fee: | | 178-1 | | |
| Unit Letter: N; | | he South | line ar | nd #80 | t. from the W e | est line | | | | | | |
| Section: 16 Townsh | ip: 31N | Range | : 7U, NJ | IPM, C | ounty: San Ju | uan | | | | | | |
| III. DESIGNATION O | F TRAN | SPORT | ER OF | OIL | AND NATU | JRAL GA | В | | | | | |
| Name of Authorized Transporter Giant Transportation | Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267 | | | | | | | | | | | |
| Name of Authorized Trnsptr of (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 liquide give location of tanks. | s, Unit | Unit Sec. Twp. Rge. 7W | | | Is gas actually connected? No When? 1-91 | | | | | 1 | | |
| If this production is commingle | d with tha | <u> </u> | | | pool, give co | ommingling o | order numb | ær: | 1 | | | |
| | | | | | | | | | | | | |
| Designate Type of Completion () | | ll Gas | s Well | New Wel | ll Workover | Deepen | Plug Back | Same | Res'v | Diff | Resiv | |
| Date Spudded: 11-24-90 Date | Compl. Ready to Prod.: 12-10-90 | | | | | Total Dept | otal Depth: 3416' P.B.T.D.:3416' | | | | | |
| Elevations (DF, RKB, RT, GR, etc): Name of Producing Form RKB Fruitland Coal | | | | | tion: Top Oil/Gas Pay: Tubing Depth: | | | | | | | |
| Perforations: 5.5" Uncemented (3416-3391'; 3263-311). | Pre-perfed | Liner | Open Ho | le 3083-3 | 5416· | | De | pth Casi 5" at 34 | ng 16' | 7" a | t 3350 | |
| | TUBI | NG C | SING | AND | Cementin(| G RECOR | D | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SE | T | SACKS CEMENT | | | | | |
| 12.25" | 9.625" | | | | 3521 | | 295 cf Class B | | | | | |
| 8.75" | | 7.000" | / | \longrightarrow | 30831 | | 732 cf 65/35 Poz Mix/1 | | | cf C | lass B | |
| 6.25" | 5.500" Liner 2.375"× | | | | 3046¹ - 34 3350¹ | Uncer | Uncemented | | | | | |
| T MTGM 1340 3340 33 | - | / | 7 | | 3350. | | | | | | | |
| V. TEST DATA AND R OIL WELL (Test for | ~ / | ter reco | very of | total vo | lume of load o | oil and must | : be equal | to or e | xceed t | op al | lowable | |
| Date First New Oil Run To Tank | To Tank: Date of Test: | | | | Producing Method: (Flow, pump, gas, lift, etc) | | | | | | | |
| Length of Test: | Tubing Pressure: | | | | Casing Pres | <u> · </u> | Choke Size: | | | | | |
| Actual Prod. Test: | Oil-Bbls.: | | | | Water - Bbls.: | | | Gas-MCF: | | | | |
| GAS WELL To be tested; c | ompletion | gauges: | 2,148 P | 1CFD (2" | pitot dry); 2 | 25 BPDW | | م يد را | | | • | |
| Actual Prod. Test - MCFD: 2.148 MCFD (dry) | Length of Test: 1 Hr. | | | | Bbls. Condensate/MMCF: | | Gravity of Condensate: | | | | | |
| Testing Method: Completion Gauge | | Tubing Pressure: (shut-in) psig | | | | Casing Pressure: Choke Si (shut-in) psig | | | ze: 2 ^w pitot | | | |
| VI. OPERATOR CERTI | FICATE | OF C | OMPLI | ANCE | · | OIL | CONSI | RVAT | CON D | IVI | SION | |
| I hereby certify that the Division have been compl is true and complete to | ied with a | nd that 1 | the info | rmation g | given above | Date / | Lpproved_ | JAN 3 | 0 199 | 1 — , | • | |
| PNV No / All | | • | _ | in Detiel | • | Ву | | | dh. | | | |
| ignature Roy W. Williams | | | | | | Title | SUPERVISOR DISTRICT 13 | | | | | |
| Title: Administrative Manager | Date | 1/2 | <u>, 7</u> 71 | | | | SUP | -11 1.0° | | | | |
| Telephone No.: (303) 247-0728 | | | | | | I | | | | | | |

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.