Submit 5 copies

Appropriate District Office DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NH 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Nexico

Linings, minimals and natural resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Nexico 87504-2088

REQUEST FOR ALLOHABLE 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	artnershi	ip Well API N	o.: 30-04	5-28271			
Address of Operator: P.O	. Box 12	37, Durango	, Colorado 8	1302-1237	7					
Reason(s) for Filing (ch	eck prope	er area):	Other	(please	explain)		M	5051	VER	
New well: Recompletion:			Oil:	Change	e in Transport		BATE	ECE	A &	
Change in Operator: X Casinghead Gas:						Dry G Conde	nsate:	18110.04	204	
If change of operator given and address of previous of the section		Blackwood	& Nichols Co	., LTD			O	JAN3 01 IL CON.		
II. DESCRIPTION	OF	WELL AN	D LEASE		@ Ken. C	herge		DIST.		
Lease Name: Northeast Blanco Unit					rmation: Kind Of Lease Lease No. oal State, <u>Federal</u> Or Fee: SF-078988					
LOCATION	2/00 4+	fnom the C	auth lina ana	1 44/0 4+	form Abra Har					
Unit Letter: L;	24 9 0 11.	from the S	outh tine and	1 1140 11	. From the wes	it line				
Section: 7	Township	: 31N	Range: 64, NJ	IPM, C	ounty: San Ju	Jan .	·			
III. DESIGNATIO			***************************************		,					
Name of Authorized Transporter of Oil: or Condensate: X Giant Transportation					Address (Give address to send approved copy of this form.) P.Q. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Trnsptr of Casinghead Gas: or Dry Gas: X Blackwood & Michol*					Address (Give address to send approved copy of this form.) P.O. Rox 1237, Durango, CO 81302					
well produces oil or liquids, Unit Sec. THP. Rve location of tanks.				Rge.	Is gas actually connected? No When? 1/91					
If this production is con	mingled	with that f	rom any other	lease or	pool, give co	ommingling	order numbe	r:		
IV. COMPLETION	DATA									
Designate Type of Comple	tion (X)	Oil Well	Gas Well	New Wel	ll Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded: 11-6-90 Date Compl. Ready to Prod.: 11-23-90						Total Depth: 3564. P.B.T.D.: 3564.			35641	
Elevations (DF, RKB, RT, GR, etc): Name of Producing Forms 6647 RKB Fruitland Coal					tion:	ion: Top Oil/Gas Pay:		Jubing Depth:		
Perforations: Open Hote 3190'-3564' 3185-3440'; 3541-3563' (8 HPF, 0.625)						Depth Casing Shoe: 5 = 3564				
TURING CASING AND C					DEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
12.25"		9.625"			330		295 cf Class B			
8.75"		7.000"			ن3190		800 cf 65/35 POZ/148 cf Class G			
6.25"	5.500" Liner			31021 - 35641			Uncemented			
	2.875"			34801						
V. TEST DATA A	ND RE	QUEST F	or allo	WABLE				····		
OIL MEIL	(Test mu	ust be after is depth or	recovery of be for full	total vo	lume of load o	oil and mus	t be equal	to or exceed	top allowable	
Date First New Oil Run To Tank:		Date of Test:			Producing Method: (Flow, pump, gas, lift, etc)					
Length of Test:		Tubing Pressure:			Casing Pressure:			Choke Size:		
Actual Prod. Test:		Oil-Bbls.:			Water - Bbls.:			Gas-MCF:		
GAS WELL to be tes	sted; con	mpletion gau	iges: 2,953 i	MCFD (2 ^M	pitot wet); 10	000 BPDU				
Actual Prod. Test - MCFD: 2,953 MCFD (wet)		Length of Test: 1 Hr.			Bbls. Condensate/MMCF:		Gravity	Gravity of Condensate:		
Testing Method: Completion Gauge		Tubing Pressure: (shut-in) 1050 psig			Casing Pressure: (shut-in) 1300 psig		Choke S	Choke Size: 24 pitot		
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given abov is true and complete to the best of my knowledge and belief.						Date Approved				
RNNndallan	Roy W. Williams			••	By					
Signature	•	. 1			Title	Title EURONGOR DISTRICT 99				
Title: Administrative Ma		Date: _	1/25/71				. ,			
Telephone No.: (303) 24	7-0728									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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.

¹⁾ Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.