

OIL CONSERVATION DIVISION

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

REVIEW COPY
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Blackwood & Nichols Co., Ltd.		Well API No. 30-045-24217
Address P. O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	<input checked="" type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/>	Change in Transporter of:	
Change in Operator <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>
	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Blanco Unit	Well No. 407	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF 079060
Location				
Unit Letter <u>A</u> : <u>930</u> Feet From The <u>Northern</u> Line and <u>900</u> Feet From The <u>East</u> Line				
Section <u>21</u> Township <u>30N</u> Range <u>7W</u> , <u>NMPM</u> , <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Transportation	P. O. Box 12999, Scottsdale, Az. 85267
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Blackwood & Nichols Co., Ltd.	P. O. Box 1237, Durango, CO. 81302
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>21</u> Twp. <u>30N</u> Rge. <u>7W</u>
Is gas actually connected?	When? <u>8/90</u>
No	

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.F.D.		
Elevations (H.F. RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 greater than allowable on this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (pilot, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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OIL CON. DIV.
DIST. 3

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Roy W. Williams
Signature
Roy W. Williams Administrative Manager
Printed Name
August 8, 1990 (303) 247-0728
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 16 1990

By [Signature]

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 only 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.