

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

**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) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Test Data Revision
Change in Operator <input 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>North</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> , NMPM, Rio Arriba 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) 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) *See Below			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 21	Twp. 30N	Rge. 7W
	Is gas actually connected? No		When? 8/90	

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Fay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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 exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure (Shut-in)	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	MCF

**RECEIVED**  
**AUG 13 1990**

**GAS WELL** 1630 MCFD; wet 76BWPD

Actual Prod. Test - MCF/D 1630	Length of Test 1 hour	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.) Completion Gauge	Tubing Pressure (Shut-in) 1315 DWT	Casing Pressure (Shut-in) 1316 DWT	Choke Size 2" Pitot

**OIL CON. DIST. 3**

**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 13 1990  
By Original Signed by CHARLES GHULSON  
Title DEPUTY OIL & GAS INSPECTOR, DIST. #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.

\*Meridian Oil Gathering, Inc.  
P. O. Box 4289  
Farmington, NM. 87499

\*Northwest Pipeline Co.  
P. O. Box 58900  
Salt Lake City, Ut. 84158-0900