Submit 5 copies
Appropriate District Office
DISTRICT I
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 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.

Name of Operator: Blackwood & Nichols Co., Ltd.	Well API No.: 30-039-24321
Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237	

Reason(s) for Filing (check proper area): Other (please explain) _____

New well _X_
Recompletion____
Change in Operator____

Change in Transporter of:
Oil____ Dry Gas____
Casinghead Gas____ Condensate____

If change of operator give name
and address of previous operator:_____

II. DESCRIPTION OF WELL AND LEASE

Lease Name:	Well No.:	Pool Name, Including Formation:	Kind Of Lease State, Federal Or Fee:	Lease No.
Northeast Blanco Unit	417	Basin Fruitland Coal		E-289-23

LOCATION
Unit Letter: M; 1190 ft. from the South line and 800 ft. from the West line

Section: 2 Township: 30N Range: 7W, NMPM, County: Rio Arriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ____ or Condensate _X_ Giant Transportation	Address (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 Co., Ltd.	Address (Give address to send approved copy of this form.) P.O., Box 1237 Durango, CO 81302-1237

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	M	2	30N	7W	No	06/90

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
		X	X					

Date Spudded:	Date Compl. Ready to Prod.:	Total Depth:	P.B.T.D.:
10-18-89	11-15-89	3247'	3247'

Elevations (DF, RKB, RT, GR, etc):	Name of Producing Formation:	Top Oil/Gas Pay:	Tubing Depth:
6333' UG	Fruitland Coal	3026'	3052'

Perforations:	Depth Casing Shoe:
Open hole with an uncemented pre-perforated liner.	5.50" @ 2817'; 7" @ 2899'

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	308'	287 cf of Class B
8.75"	7.000"	2899'	797 cf 65/35 POZ, 147 cf Class G Neat
6.25"	5.500" liner	2817' - 3247'	Uncemented
	2.875"	3052'	

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:	Choke Size:
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	Gas-MCF:

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OIL CON. DIV.
DIST. 3

GAS WELL To be tested; completion gauges: 10,126 MCFD (wet 3/4" choke), and 288 BWD

Actual Prod. Test - MCFD:	Length of Test:	Bbls. Condensate/MMCF:	Gravity of Condensate:
Testing Method:	Tubing Pressure: (shut-in) 1185 psig	Casing Pressure: (shut-in) 1235 psig	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.

William F. Clark
Signature

Title: Operations Manager Date: 9 Feb 90

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved FEB 12 1990

By _____

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 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.