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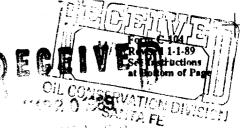
DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION (16**31**, 18 TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-039-24326 Blackwood & Nichols Co., Ltd. P. O. Box 1237, Durango, CO 81302-1237 Reason(s) for Filing (Check proper box) Other (Please explain) New Well X Change in Transporter of: Dry Gas Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation Lease Name State, Federal or Fee 427 Basin Fruitland Coal Northeast Blanco Unit E-178-1Location 1140 Feet From The South Line and 1330 _ Feet From The __West Unit Letter _ 16 Township Range 7W 30N ,NMPM, Rio Arriba County Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate X Giant Industries O. Box 9156, Phoenix, AZ 85068 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 💢 Unknown at this time Unit Is gas actually connected? If well produces oil or liquids, give location of tanks. Twp. Rge. Sec. 16 30N N 7 W No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res v Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 12-14-88 33561 11-21-88 Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth 3180 KB 6245' UG Perforations 3022-3042; 3042-3048; 3062-3072'; 3072-3079'; 3092-3102'; 3102-3107'; 3121-3129 3400! TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE 12-1/4" 9-5/8" 313' 175 sx Class B 7-7/8" 5-1/2" 3397 135 + 470 sx Class G 2-7/8" 3180' V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth of base Producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the producing Method (Flow, pump, gas in the color of the color of the producing Method (Flow, pump, gas in the color of the color o OIL WELL Date First New Oil Run To Tank Choke Size MAY 0 4 1989 Casing Pressure Length of Test **Tubing Pressure** Gas-MCF DIV. Water - Bbls. Actual Prod. During Test Oil - Bbls. DIST. 3 **GAS WELL** Gravity of Condensate Bbls, Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)
Back Pressure 1/4" 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 above Date Approved MAIL - 1883 is true and complete to the best of my knowledge and belief. Original Signed by FRANK T. CHAVEZ William ar By_

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

Signature

Date

Printed Name

William F. Clark

March 13, 1989

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

Title_

167 sted well-

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2) All sections of this form must be filled out for allowable on new and recompleted wells.

Operations Manager

Telephone No.

Title (303) 247-0728

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.