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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

RECEIVED

FEB 01 1990

OIL CON. DIV
DIST. 3

I.

Name of Operator:	Blackwood & Nichols Co., Ltd.	Well API No.:	30-039-24355
Address of Operator:	P.O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for Filing (check proper area):	Other (please explain) _____		
New well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion _____	Oil _____	Dry Gas _____	
Change in Operator _____	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	Lease No.
Northeast Blanco Unit	419	Fruitland Coal	State, Federal Or Fee:	SF-079001A

LOCATION

Unit Letter N : 825 Feet From The South Line and 1750 Feet From The West Line

Section 3 Township 30N Range 7W, 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 send approved copy of this form.)					
Giant Transportation	P.O. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Trnsprtr of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to send approved copy of this form.)					
Blackwood & Nichols Co., Ltd.	P.O., Box 1237, Durango, CO 81302-1237					
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>3</u>	Twp. <u>30N</u>	Rge. <u>7W</u>	Is gas actually connected? <u>No</u>	When? <u>06/90</u>

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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded: <u>08-10-89</u>	Date Compl. Ready to Prod.: <u>09-03-89</u>				Total Depth: <u>3233'</u>	P.B.T.D.:		
Elevations (DF, RKB, RT, GR, etc): <u>6346' GL</u>	Name of Producing Formation: <u>Fruitland Coal</u>				Top Oil/Gas Pav: <u>3024'</u>	Tubing Depth: <u>3076'</u>		
Perforations: <u>Open hole completion with a pre-perforated uncemented liner</u>					Depth Casing Shoe: <u>7" @ 3026', 5.5" @ 3102'</u>			

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	320'	271 cf of Class B
8.75"	7.000"	3026'	790 cf of Class B 65/35 POZ
6.25"	5.50"	3107'	Did not cement
	3.50	3076'	

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:
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:

GAS WELL To be tested; completion gauges: 18,800 MCFD (wet 2" choke), and 250 BWPD

Actual Prod. Test - MCFD:	Length of Test:	Bbls. Condensate/HMCF:	Gravity of Condensate:
Testing Method:	Tubing Pressure: (shut-in) <u>1405 psig</u>	Casing Pressure: <u>SIC</u> <u>1415 psig</u>	Choke Size: <u>DIST 3</u>

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: 16 Jan '90

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

FEB 01 1990

Date Approved

By James J. Chang

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.