

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator _____

Blackwood & Nichols Co., Ltd.

Address _____

P. O. Box 1237, Durango, Co. 81302-1237

Reason(s) for Filing (Check proper box) ☒ Other (Please explain)

New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☒ Completion Data Revision

Recompletion ☐ ☐ Casinghead Gas ☐ Condensate ☐

Change in Operator ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Blanco Unit	Well No. 479	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF 079060
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Location

Unit Letter K : 2510 Feet From The South Line and 1640 Feet From The East Line

Section 20 Township 30N Range 7W, NMM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☐ or Dry Gas ☒	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 K Sec. 20 Twp. 30N Rge. 7W

Is gas actually connected? ☐ No ☐ When? 8/90

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.D.T.D. _____

Elevations (DF, RAB, RI, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____

Formations _____ 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 exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank _____ Date of Test _____

Length of Test _____ Tubing Pressure _____ Choke Size _____

Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

RECEIVED
AUG 17 1990
OIL CON. DIV.

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.

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

OIL CONSERVATION DIVISION
AUG 17 1990

Date Approved _____
By [Signature]
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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.