

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

See Instructions

at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Name of Operator: Blackwood & Nichols Co. A Limited Partnership	Well API No.: 30-039-24491
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"/> X	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:	

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II. DESCRIPTION OF WELL AND LEASE

Lease Name:	Well No.:	Pool Name, Including formation:	Kind of Lease	Lease No.
Northeast Blanco Unit	405	Undesignated Pictured Cliffs	State, Federal, or Fee:	SF-079060

LOCATION:

Unit Letter: M; 875 ft. from the South line and 1145 ft. from the West line

Section: 21 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: <input checked="" type="checkbox"/> X	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:	or Dry Gas: <input checked="" type="checkbox"/> X	Address (Give address to send approved copy of this form.)				
El Paso Natural Gas Company		P.O. Box 1492, El Paso, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	M	21	30N	7W	No	Feb-93
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						
Date Spudded:	Date Compl. Ready to Prod.:		Total Depth:		P.B.T.D.:			
8/20/89	1/9/93		3797'		3749' (Wireline)			
Elevations (DF, RKB, RT, GR, etc.):	Name of Producing Formation:		Top Oil/Gas Pay:		Tubing Depth:			
6736' KB 6721	Pictured Cliffs		3624'		3595'			
Perforations 3624' - 3656' using 16 gram jet charge @ 2 spf.			Depth Casing Shoe:					
			4.5" @ 3797' 7" @ 3441					

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	328'	250 sx Class B
8.75"	7.000"	3441'	575 sx Class G 65/35 POZ/150 sx Class G
6.25"	4.500"	3199' -3797'	100sx Class G
	2.375"	3595'	

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 hrs.)

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:

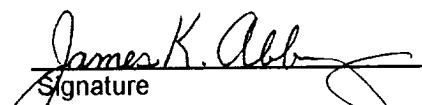
GAS WELL

To be tested; completion gauges: 1500 MCFD (1/2" Choke) TSTM BWD dry.

Actual Prod. Test - MCFD:	1500	Length of Test: 12 hrs.	Bbls. Condensate/MMCF:	N/A	Gravity of Condensate:
Testing Method:		Tubing Pressure:	Casing Pressure:		N/A
1/2" Choke		(Shut-in) 965 psig	(Shut-in) 965 psig		Choke Size: 1/2"

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.


Signature
Title: Operations Engineer
Telephone No.: (303) 247-0728

Jim Abbey

Date: 1-28-93

OIL CONSERVATION DIVISION

Date Approved FEB 11 1993

By Original Signed by FRANK T. CHAVEZ

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.