

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.

Name of Operator: Blackwood & Nichols Co. A Limited Partnership	Well API No.: 30-039-25049
Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237	
Reason(s) for Filing (check proper area): <input type="checkbox"/> 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: _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 475	Pool Name, Including Formation: Basin Fruitland Coal	Kind Of Lease State, Federal Or Fee: _____	Lease No. NM-03845
LOCATION: Surface: Unit Letter: K ; 2560 ft. from the South line and 1695 ft. from the West line				
Section: 20 Township: 30N Range: 7W, NMPM County: Rio Arriba				
Bottom Hole: Unit Letter: H ; 1624 ft. from the North line and 71 ft. from the East line				
Section: 19 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 Trnspr of Casinghead Gas: or Dry Gas: X Blackwood & Nichols	Address (Give address to send approved copy of this form.) P. O. Box 1237, Durango, Colorado 81302-1237					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? No	When? 3-91
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: 2-07-91	Date Compl. Ready to Prod.: 3-17-91				Total Depth: 4179' MD	P.B.T.D.: 4179' MD		
Elevations (DF, RKB, RT, GR, etc): 6419' RKB	Name of Producing Formation: Fruitland Coal				Top Oil/Gas Pay: 3884'	Tubing Depth: 4139'		
Perforations: Open Hole 3884'-4179' 3925'-4177' Uncemented Preperfed Liner					Depth Casing Shoe: 5.5" at 4179'			7.625" at 3884'

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14.750"	10.750"	297	336 cf Class B
9.875"	7.625"	3884'	1353 cf 65/35 Howco Lite/147 cf Class B
6.750"	5.500" Liner	3792' - 4179'	Uncemented
	2.875"	4139'	

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)	MAR 20 1991
Length of Test:	Tubing Pressure:	Casing Pressure:	OIL CON. DIV.
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	DIST. 3

GAS WELL To be tested; completion gauges: **3,132 MCFD (2" pitot dry); TSTM BPOW**

Actual Prod. Test - MCFD: 3,132 MCFD (dry)	Length of Test: 1 Hr.	Bbls. Condensate/MMCF: N/A	Gravity of Condensate: N/A
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) 1340 psig	Casing Pressure: (shut-in) 1330 psig	Choke Size: 2" pitot

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 Title: Administrative Manager Telephone No.: (303) 247-0728		OIL CONSERVATION DIVISION APR 05 1991 Date Approved By [Signature] Title SUPERVISOR DISTRICT #3	
Date: 3/14/91			

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.