

Submit 5 copies
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

I.

Name of Operator:	Blackwood & Nichols Co., Ltd.	Well API No.:	30-045-27147
Address of Operator:	P.O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for Filing (check proper area):	Other (please explain) _____		
New well: 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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JUL 31 1990

OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 439	Pool Name, Including Formation: Basin Fruitland Coal	Kind Of Lease State, Federal Or Fee:	Lease No. SF-079082
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LOCATION

Unit Letter: M; 1110 ft. from the South line and 1060 ft. from the West line

Section: 13 Township: 30N Range: 8W, NMNM, County: San Juan

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 Trnsprtr of Casinghead Gas: or Dry Gas: X Blackwood & Nichols	Address (Give address to send approved copy of this form.) P.O., Box 1237, Durango, CO 81302-1237					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 13	Twp. 30N	Rge. 8W	Is gas actually connected? No	Wheg 8/90

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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded: 11-17-89	Date Compl. Ready to Prod.: 2-8-90				Total Depth: 2966'	P.B.T.D.: 2963'		
Elevations (DF, RKB, RT, GR, etc): 6109' RKB	Name of Producing Formation: Fruitland Coal				Top Oil/Gas Pay: 2966' - 2800'	Tubing Depth: 2963' - 2726'		
Perforations: Open hole with an uncemented pre-perforated liner. (2775'-2966') 2800 - 2964'					Depth Casing Shoe: 5" @ 3095' 7" @ 2869'			

TUBING CASING AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	525'	448 cf Class B Neat
8.75"	7.000"	2775'	1063 cf POZ MIX/118 cf Class B
6.25"	5.500" Liner	2711' - 2964'	Uncemented
	2.875"	2726'	None

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:	Choke Size:
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	Gas-MCF:

GAS WELL To be tested; completion gauges: 4652 MCFD (wet 2" pitot)

Actual Prod. Test - MCFD: 4652 MCFD (wet)	Length of Test: 1 Hr.	Bbls. Condensate/MMCF: N/A	Gravity of Condensate: N/A
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) 1428 psig	Casing Pressure: (shut-in) 1510 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.

Signature _____ Roy W. Williams

Title: Operations Manager Date: _____

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved _____ JUL 31 1990

By _____

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.

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer 101, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Artec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Blackwood & Nichols Co., Ltd.		Well API No. 30-045-27147
Address P. O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Blanco Unit	Well No. 39	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-079082
Location				
Unit Letter M	1110	Feet From The South	Line and 1060	Feet From The West
Section 13	Township 30N	Range 8W	NMPM,	San Juan
				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 which approved copy of this form is to be sent) P. O. Box 12999, Scottsdale, Az. 85267	
Giant Transportation		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1237, Durango, CO. 81302	
Blackwood & Nichols Co., Ltd.		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 13
	Twp. 30N	Rge. 8W
	In gas actually connected?	When?
	No	8/90

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 Rev	Shif Rev
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (H.F., RAB, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					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 greater than allowable for the day 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
OIL CON. DIV. DIST. 3			

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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
August 8, 1990 (303) 247-0728
Date Telephone No.

OIL CONSERVATION DIVISION
AUG 16 1990

Date Approved

By

Barry D. Sherry

SUPERVISOR DISTRICT #3

Title

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

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P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Blackwood & Nichols Co., Ltd.		Well API No. 30-045-27147
Address P. O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Blanco Unit	Well No. 439	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-079082
Location Unit Letter <u>M</u> : <u>1110</u> Feet From The <u>South</u> Line and <u>1060</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>30N</u> Range <u>8W</u> , NMPM, San Juan 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"/> Giant Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 12999, Scottsdale, Az. 85267	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> *See Below	Address (Give address to which approved copy of this form is to be sent) *See Below	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 13
	Twp. 30N	Rge. 8W
	Is gas actually connected?	When?
	No	8/90

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Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						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	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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OIL CON. DIV.
DIST. 3

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.

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

OIL CONSERVATION DIVISION

Date Approved AUG 13 1990

Original Signed by CHARLES GHULSON

By _____

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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

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*Meridian Oil Gathering, Inc.
P. O. Box 4289
Farmington, NM. 87499

*Northwest Pipeline Co.
P. O. Box 58900
Salt Lake City, Ut. 84158-0900