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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

Form C-104  
Revised 1-1-89  
See Instructions  
at bottom of Page

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MAR 27 1989

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV  
DIST. 3

Operator Blackwood & Nichols Co., Ltd.		Well API No. 30-045-27157
Address P. O. Box 1237, Durango, CO 81302-1237		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input 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. 441	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-078615-A
Location Unit Letter G : 1420 Feet From The North Line and 1760 Feet From The East Line Section 24 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 9156, Phoenix, AZ 85068	
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)	
Unknown at this time		
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 24
	Twp. 30N	Rge. 8W
	Is gas actually connected? No	When ?

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 11-28-88	Date Compl. Ready to Prod. 12-13-88		Total Depth 3500'			P.B.T.D. 3456'		
Elevations (DF, RKB, RT, GR, etc.) 6538' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3084'			Tubing Depth 3287'		
Perforations 3084-3094'; 3097-3117'; 3128-3139'; 3192-3202'; 3213-3218'; 3221-3239'						Depth Casing Shoe 3500'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"	9-5/8"		433'			250 sx Class B		
7-7/8"	5-1/2"		3498'			150 + 500 sx Class B		
	2-7/8"		3287'					

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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GAS WELL

Actual Prod. Test - MCF 149	Length of Test 3 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 80	Casing Pressure (Shut-in) 1080	Choke Size - 38/64"

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  
William F. Clark  
Printed Name  
William F. Clark  
Title  
Operations Manager  
Date  
March 13, 1989  
(303) 247-0728  
Telephone No.

Well to be flow tested when pipeline connection becomes available.

Date Approved  
MAY 04 1989

Original Signed by FRANK T. CHAVEZ

By  
Title  
SUPERVISOR DISTRICT #

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 only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.