

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Blackwood & Nichols Co., Ltd.

Address
P. O. Box 1237, Durango, Colorado 81301

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Blanco Unit	Well No. 303	Pool Name, Including Formation Undesig. Gallup	Kind of Lease State, Federal or Foreign Federal	Lease No. SF 078988
Location Unit Letter <u>P</u> ; <u>990'</u> Feet From The <u>South</u> Line and <u>990'</u> Feet From The <u>East</u>				
Line of Section <u>20</u> Township <u>31N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Industries Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 9156, Phoenix, Arizona 85068
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 90, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When No 2nd Quarter 1985

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 10-6-84	Date Compl. Ready to Prod. 11-3-84	Total Depth 8011'	P.B.T.D. Packer at 7962' 7269'					
Elevations (D, RT, GR, etc.) 6337' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 7014'	Tubing Depth 8011'					
Perforations 7014'-7080', 7104'-7138', 7142'-7148', 7154'-7162', 7172'-7190', 7202'-7206', 7212'-7216', 7224'-7228'			Depth Casing Shoe 8011'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8" 32.3#, H-40	323'	324 cf					
8 3/4"	7" 23.0#, K-55	3622'	1026 cf 400' Top					
6 1/4"	4 1/2" 11.6#, K-55	8011'	628 cf 2800' Top					

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)

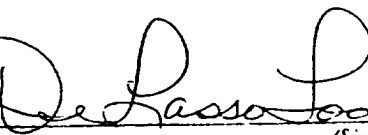
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL Gallup will produce through 2 3/8" x 4 1/2" annulus

Actual Prod. Test-MCF/D 1770	Length of Test 3 hrs.	Bbls. Condensate/MMCF None	Gravity of Condensate None
Testing Method (pilot, back pr.) fixed choke	Tubing Pressure (Shut-in) N/A	Casing Pressure (Shut-in) 2835 psig	Choke Size 3/4"

VI. 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.


DeLasso Loos
(Signature)
Field Superintendent
(Title)
November 21, 1984
(Date)

OIL CONSERVATION DIVISION
1-21-85
APPROVED JAN 21 1985, 19
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.