

OIL CONSERVATION DIVISION

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

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.: 30-045-27319
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 type="checkbox"/>	Change in Transporter of: _____
Recompletion: <input type="checkbox"/>	Oil: <input type="checkbox"/>
Change in Operator: <input checked="" type="checkbox"/>	Casinghead Gas: <input type="checkbox"/>
	Dry Gas: <input type="checkbox"/>
	Condensate: <input type="checkbox"/>
If change of operator give name and address of previous operator: <u>Blackwood & Nichols Co., Ltd.</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 471	Pool Name, Including Formation: Basin Fruitland Coal	Kind Of Lease State, <u>Federal</u> Or Fee:	Lease No. SF-079082
--	----------------------	---	---	----------------------------

LOCATION

Unit Letter: **B**; 1315 ft. from the North line and 1710 ft. from the East line

Section: **25** Township: **31N** Range: **8W**, **NMPM**, County: **San Juan**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: or Condensate: <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> 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 B	Sec. 25	Twp. 31N	Rge. 8W
			Is gas actually connected? <input type="checkbox"/> No	When? 12/90

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
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

RECEIVED

JAN 6 1991

**OIL CON. DIV
 DIST. 3**

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:

Actual Prod. Test - MCFD:	Length of Test:	Bbls. Condensate/MMCF:	Gravity of Condensate:
Testing Method:	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
 Title: Administrative Manager Date: 12/11/90
 Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved JAN 16 1991
 By _____
 Title Supervisor
SUPERVISOR DISTRICT #3