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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

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.:	30-045-27705
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: _____			

II. DESCRIPTION OF WELL AND LEASE

Lease Name:	Well No.:	Pool Name, Including Formation:	Kind Of Lease	Lease No.
Northeast Blanco Unit	489	Basin Fruitland Coal	State, Federal Or Fee:	NM-03358

LOCATION

Unit Letter: L; 2330 ft. from the South line and 1240 ft. from the West line

Section: 12 Township: 31N Range: 7W, NMPN, County: San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: or Condensate: X	Address (Give address to send approved copy of this form.)			
Giant Transportation	P.O. Box 12999, Scottsdale, AZ 85267			
Name of Authorized Trnspr of Casinghead Gas: or Dry Gas: X	Address (Give address to send approved copy of this form.)			
Blackwood & Nichols	P.O., Box 1237, Durango, CO 81302-1237			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 12	Twp. 31N	Rge. 7W
Is gas actually connected?	No		When? 1-91	
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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded: 5-26-90	Date Compl. Ready to Prod.: 7-14-90		Total Depth: 3457'		P.B.T.D.: 3457'			
Elevations (DF, RKB, RT, GR, etc): 6539' RKB	Name of Producing Formation: Fruitland Coal		Top Oil/Gas Pay: 3112'		Tubing Depth: 3105'			
Perforations:	Depth Casing Shoe:		7" @ 3112'					
Open hole interval with no liner 6H 3112 - 3457								

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	312'	295 cf Class B Neat
8.75"	7.000"	3112'	726 cf POZ MIX/148 cf Class G
6.25"	5.500" Liner	-	Uncemented
	2-875" 12 3/4"	3105'	

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)	DECEIVE SEP 18 1990 OIL CON. DIV. DIST. 3
Length of Test:	Tubing Pressure:	Casing Pressure:	
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	

GAS WELL To be tested; completion gauges: 247 MCFD (dry 2" pitot); 76 BMPD

Actual Prod. Test - MCFD: 247 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) 1550 psig	Casing Pressure: (shut-in) 1550 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.

Roy W. Williams
Signature

Roy W. Williams

Title: Operations Manager

Date: 9/17/90

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved OCT 01 1990

By *[Signature]*
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.