

DISTRICT II  
P.O. Drawer 100, Aztec, NM 88210

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. OPERATOR**

Operator: Blackwood & Nichols Co., Ltd. Well API No. 30-039-24214

Address: P. O. Box 1237, Durango, Colorado. 81302-1237

Reason(s) for Filing (Check proper box)  Other (Please explain)

New Well  Change in Transporter of:  Oil  Dry Gas   Condensate

Recompletion   Casinghead Gas

Change in Operator

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Northeast Blanco Unit</u>	Well No. <u>401</u>	Pool Name, Including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF 079043</u>
Location				
Unit Letter <u>L</u>	<u>1540</u>	Feet From The <u>South</u> Line and <u>915</u> Feet From The <u>West</u> Line		
Section <u>9</u>	Township <u>30N</u>	Range <u>7W</u>	NMPM, Rio Arriba County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
Giant Transportation Address (Give address to which approved copy of this form is to be sent)  
P. O. 12999, Scottsdale Az. 85267

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Blackwood & Nichols Co., Ltd. Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1237, Durango, CO. 81302

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	<u>L</u>	<u>9</u>	<u>30N</u>	<u>7W</u>	<u>No</u>	<u>8/90</u>

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
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, 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 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 (Shut-in)
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

**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.

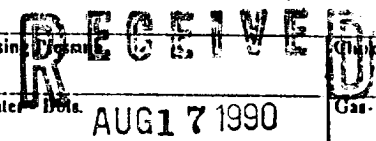
Roy W. Williams  
Signature  
Roy W. Williams Administrative Manager  
Printed Name Title

August 8, 1990 (303) 247-0728  
Date Telephone No.

**OIL CONSERVATION DIVISION**  
**AUG 17 1990**

Date Approved \_\_\_\_\_

By [Signature]  
Title **SUPERVISOR DISTRICT #3**



**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1101

- 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.
- 4) Separate Form C-101 must be filed for each pool in multiply completed wells