

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

OIL CONSERVATION DIVISION

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.: 30-039-25315
Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237	
Reason(s) for Filing (check proper area):	Other (please explain)
New Well: <input checked="" type="checkbox"/>	Change in Transporter of: <i>Water Prod # 2865184</i>
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: Northeast Blanco Unit	Well No.: 479R	Pool Name, Including formation: Basin Fruitland Coal	Kind of Lease State, Federal, or (Fee):	Lease No. Fee
LOCATION: Bottom Hole: Unit Letter D; 116 ft. from the North line and 576 ft. from the West line Surface: Unit Letter C; 1166 ft. from the North line and 2315 ft. from the West line Section: 20 Township: 30N Range: 7W, NMPM, County: Rio Arriba				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Giant Transportation	or Condensate: <input checked="" type="checkbox"/>	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267				
Name of Authorized Trnspr of Casinghead Gas: Blackwood & Nichols Co.	or Dry Gas: <input checked="" type="checkbox"/>	Address (Give address to send approved copy of this form.) P.O. Box 1237, Durango, CO 81302				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 20	Twp. 30N	Rge. 7W	Is gas actually connected? No	When? Nov-93
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 <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded: 9/8/93	Date Compl. Ready to Prod.: 10/8/93			Total Depth: 4034 MD	P.B.T.D.:			
Elevations (DF, RKB, RT, GR, etc): 6328' KB	Name of Producing Formation: Basin Fruitland Coal			Top Oil/Gas Pay: 3845'	Tubing Depth: 3841' MD			
Perforations No Liner Run.				Depth Casing Shoe: 7" @ 3845'				

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	307'	160sx Class B
8.75"	7.000"	3845'	1360cf Howco Lite - 148cf Class B
6.25"	2.875"	3841' MD	

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 hrs.)

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: 9127 MCFD (2" Pitot) 275 BWD dry.

Actual Prod. Test - MCFD: 9127	Length of Test: 1 hr.	Bbls. Condensate/MMCF: N/A	Gravity of Condensate: N/A
Testing Method: 2" Pitot	Tubing Pressure: (Shut-in) 550 psig	Casing Pressure: (Shut-in) 550 psig	Choke Size: 2"

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.

Al Rector
Signature
Title: District Superintendent Date: Oct 20, 1993
Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved: **OCT 21 1993**
By: *CHARLES G. JOHNSON*
Title: _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 1104.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

OCT 20 1993

COULDA
DIST. 3