

Submit 5 copies
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

Form C-104
Revised 1-1-89
See Instructions
at bottom of Page

RECEIVED

FEB 01 1990

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Name of Operator:	Blackwood & Nichols Co., Ltd.	Well API No.:	30-045-27163
Address of Operator:	P.O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for Filing (check proper area):	Other (please explain) _____		
New well <u>X</u>	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: Northeast Blanco Unit	Well No.: 443	Pool Name, Including Formation: Fruitland Coal	Kind Of Lease State, Federal Or Fee:	Lease No. SF-078615
LOCATION				
Unit Letter <u>N</u> : <u>920</u> Feet From The <u>South</u> Line and <u>2100</u> Feet From The <u>West</u> Line				
Section <u>34</u> Township <u>30N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil _____ or Condensate <u>X</u> Giant Transportation	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Trnspr of Casinghead Gas _____ or Dry Gas <u>X</u> Blackwood & Nichols Co., Ltd.	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 <u>N</u>	Sec. <u>34</u>	Twp. <u>30N</u>	Rge. <u>8W</u>	Is gas actually connected? <u>No</u>	When? <u>06/90</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 <u>X</u>	New Well <u>X</u>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded: <u>09-07-89</u>	Date Compl. Ready to Prod.: <u>09-22-89</u>				Total Depth: <u>3048'</u>	P.B.T.D.:		
Elevations (DF, RKB, RT, GR, etc): <u>6211' GL</u>	Name of Producing Formation: Fruitland Coal				Top Oil/Gas Pay: <u>2836' 9"</u>	Tubing Depth: <u>3015'</u>		
Perforations: <u>Open hole completion with a pre-perforated uncemented liner.</u>	<u>2837' - 3046'</u>				Depth Casing Shoe: <u>7" @ 2829', 5.5" @ 3047'</u>			

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	231'	173 cf of Class B
8.75"	7.000"	2829'	904 cf of Class B 65/35 POZ
6.25"	5.50"	3047'	Did not cement
	2.375	3015'	

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: 832 MCFD (wet 2" choke), and 50 BWPD

Actual Prod. Test - MCFD:	Length of Test:	Bbls. Condensate/MMCF:	Gravity of Condensate:
Testing Method:	Tubing Pressure: (shut-in) <u>1400 psig</u>	Casing Pressure: <u>S/I</u> <u>1400 psig</u>	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.

William F. Clark
Signature

William F. Clark

Title: Operations Manager

Date: 23 Jan 90

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved FEB 13 1990

By [Signature]

Title SUPERVISOR DISTRICT #3