

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.R.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Blackwood & Nichols Co., Ltd.	
Address P. O. Box 1237, Durango, CO 81301	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

RECEIVED

NOV 21 1984

OIL CON. DIV.
DIST. 3If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Blanco Unit	Well No. 302	Pool Name, including Formation Undesig. Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 003357
Location				
Unit Letter <u>I</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1190</u> Feet From The <u>East</u>				
Line of Section <u>30</u> Township <u>31N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Giant Industries Refining Co.	P. O. Box 9156, Phoenix, Arizona 85068	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline Company	P. O. Box 90, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <u>No</u> When <u>2nd Quarter of 1985</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-26-84	Date Compl. Ready to Prod. 10-22-84	Total Depth 8124'	P.B.T.D. With Packer 8082' at 7388'					
Elevations (D _h , RT, GR, etc.) 6482' DF, 6471' GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 7046'	Tubing Depth <u>8082'</u>					
Perforations Gallup - 7046' - 7360'; No Gallup tubing.			Depth Casing Shoe 8124'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8", H-40, 32.3#	326'	324 cf
8 3/4"	7", K-55, 23.0#	3731'	1026 cf
6 1/4"	4 1/2" K-55, 11.6#	8124'	887 cf

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL Gallup will produce through 2 3/8" x 4 1/2" annulus			
Actual Prod. Test-MCF/D 2,172	Length of Test 3 hour	Bbls. Condensate/MMCF None	Gravity of Condensate None
Testing Method (pilot, back pr.) Fixed choke	Tubing Pressure (shut-in) N/A	Casing Pressure (shut-in) 2452 psia	Choke Size 3/4"

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.

De Lasso Loos
(Signature)
Field Superintendent
(Title)
November 7, 1984
(Date)

OIL CONSERVATION DIVISION

1-21-85
APPROVED JAN 21 1985, 19_____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT 3

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.