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

I.

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

OIL CON. DIV. DIST. 3

Name of Operator:	Blackwood & Nichols Co., Ltd. Well API No.: 30-039-24365											
Address of Operator:	P.O. E	3ox 1237,	Durange	o, Colora	do 8130	2-1237						
Reason(s) for Filing (chec	k prope	er area):		Other	(please	explain)						
New well _X					Change	e in Transport	er of:					
Recompletion	completion Oil ange in Operator Casinghead Gas_						Dry Ga	s sate				
				- Custrigit			CONSCI					
If change of operator give and address of previous op												
II. DESCRIPTION					udina Sa		K;-4 0			1	. N.	
Lease Name: Northeast Blanco Unit	iell No. 411		POOL NE	me, Incli Fruitland	Coal	rmation:		f Lease Federal O	r Fee:	Lease SF-0	79001A	
LOCATION		4445		-	41 4 b		4750					
Unit LetterG	·	1465	_ reet r	rom ine _	North_	Line and	_135U Fee	t from the	tast	L1r	ie	
Section10	Townsh	ip30	N Ra	inge7	N, I	NMPM,Ri	o Arriba			_ Cour	nty	
TIT DEGLENAMIO	W 0P	mpaw.		ED OF	OTT	AND NAME	DAT CAC					
Name of Authorized Transport						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			roved co	ony of	this form)	
Name of Authorized Transporter of Oil or Condensate _X_ Giant Transportation						Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267						
Name of Authorized Trnsptr of Casinghead Gas or Dry Gas_X_						Address (Give address to send approved copy of this form.)						
Blackwood & Nicho		1.	Τ_	1_	P.O., Box 1237, Durango, CO 81302-1237							
f well produces oil or liquids, Unit ive location of tanks.			Sec. Twp. Rge.			Is gas actually connected? No When? 06/90					06/90	
If this production is comm	ingled	with tha	t from a	ny other	lease or	pool, give co	ommingling o	rder numbe	r:			
IV. COMPLETION	ATA											
			Oil Well Gas Well New Wel			ll Workover	orkover Deepen Pl		k Same Res'v Dif		Diff Res'v	
	XX			<u> </u>	<u> </u>				. .			
Date Spudded: 08-13-89 Date Compl. Ready to Prod.: 09-11-89							Total Depth: 3151: P.B.T.D.:					
Elevations (DF, RKB, RT, GR, etc): Name of Producing F 6260' GL Fruitland (· · · · · · · · · · · · · · · · · ·	ition:	Top Oil/Ga 2980'	Tubing Depth:				
Perforations:						Depth Casing Shoe:						
2910' - 3032', 30	691-314				C) [-	-1	<u></u>	919', 5.5"	a 3150'			
HOLE SIZE	TUBING CASING AND CASING & TUBING SIZE					DEPTH SET SACKS CEMENT						
12.25"		9.625"				3131		271 cf of Class B				
8.75"	 	7.000"				29191		807 cf of Class B 65/35 POZ				
6.25"	1	5.50"				3150'			Did not cement			
		- :	2.875			31161		,				
V. TEST DATA AN	D RE	QUEST	FOR	ALLOW	ABLE							
						lume of load	oil and must	be equal	to or ex	ceed 1	top allowable	
	for th	is depth	or be f	or full a	24 hours	.)						
Date First New Oil Run To	Date of	Test:			Producing Method: (Flow, pump, gas, lift, etc)							
Length of Test: Tubin			Pressure	e:		Casing Pressure:			COMPONE TO U.S. IT			
Actual Prod. Test: Oil-Bbl			bls.:			Water - Bbl	- K	M Gas-MCF:				
								<u>uy</u>	178	a 20 ·	1000	
GAS WELL To be test	ed; con	pletion	gauges:	11,800	MCFD (we	t 3/4" choke)	, and 300 Bl	/PD	JAN	1/8	1330	
Actual Prod. Test - MCFD: Length			of Test:			Bbls. Condensate/MMCF:		Gravit	GravitOILCoCON: DI		ii DIV	
Testing Method:		Tubing (shut-	Pressure: 1305			Casing Pressure:		Choke S	ize: D	गडा.	उ	
VI. OPERATOR CE	RTIF	ICATE	OF (COMPLI	ANCE	·	OIL				DIVIBION	
I hereby certify the							Data (FEB 0	1 19	30	
Division have been is true and complet							Date /	Approved		Λ	 •	
William FD						ВУ			3/4	-		
Signature	Date: Man 90'				,	Title SUPERVISOR DIST			DIST	RICT #3		
Title: Operations Manager		Date	: 15x	1 Am	90			,	·		• •	
Telephone No.: (303) 247	-0728											
7. C. C. P. C.												

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 111. 1)
- 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.
- 3) 4)