

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.: **30-039-23568**

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

Reason(s) for Filing (check proper area): Other (please explain) _____

New well: Change in Transporter of: _____

Recompletion: Oil: Dry Gas: X

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.: 303	Pool Name, Including Formation: Basin Dakota	Kind Of Lease State, Federal Or Fee:	Lease No. SF-078988
---	-------------------------	--	---	-------------------------------

LOCATION

Unit Letter: P; 990 ft. from the South line and 990 ft. from the East line

Section: 20 Township: 31N Range: 6W, NMPN, County: Rio Arriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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 Trnsprtr of Casinghead Gas: or Dry Gas: X Williams Field Services	Address (Give address to send approved copy of this form.) P.O. Box 58900, Salt Lake City, UT 84158-0900
--	--

If well produces oil or liquids, give location of tanks.	Unit P	Sec. 20	Twp. 31N	Rge. 6W	Is gas actually connected? yes	When? 10-5-85
--	---------------	----------------	-----------------	----------------	---------------------------------------	----------------------

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
----------------------------------	----------	----------	----------	----------	--------	-----------	------------	------------

Date Spudded:	Date Compl. Ready to Prod.:	Total Depth:	P.B.T.D.:
---------------	-----------------------------	--------------	-----------

Elevations (DF, RKB, RT, 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:	Choke Size:
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	Gas-MCF:

GAS WELL To be tested; completion gauges:

Actual Prod. Test - MCFD:	Length of Test:	Bbls. Condensate/MMCF:	Gravity of Condensate:
Testing Method:	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.

Al Rector
Signature _____ Al Rector

Title: District Superintendent Date: 12/29/93

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

JAN 03 1994

Date Approved _____

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

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

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 Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

6

RECEIVED

[Signature]
SUPERVISOR DISTRICT 12