

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Name of Operator:	Blackwood & Nichols Co., Ltd.	Well API No.	30-039-24621
Address of Operator:	P.O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for Filing (check proper area):	oil well <input type="checkbox"/>	gas well <input checked="" type="checkbox"/>	dry <input type="checkbox"/> other <input type="checkbox"/>
New well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		
If change of operator give name and address of previous operator:			

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

LEASE NAME N. E. Blanco Unit	WELL NO. 495	POOL NAME, INCLUDING FORMATION Basin Fruitland Coal	KIND OF LEASE STATE, FEDERAL OR FEE	LEASE NO. NM - 03357
LOCATION				
Unit Letter <u>L</u> : <u>1658</u> Feet From The <u>South</u> Line and <u>957</u> Feet From The <u>West</u> Line				
Section <u>30</u> Township <u>31N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to send approved copy of this form.)					
<u>Giant Transportation</u>	P. O. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Trnsprtr of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to send approved copy of this form.)					
<u>Blackwood & Nichols Co., Ltd.</u>	P. O. Box 1237, Durango, CO 81302					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>30</u>	Twp. <u>31N</u>	Rge. <u>6W</u>	Is gas actually connected? <u>No</u>	When? <u>1/91</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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 4-4-90	Date Compl. Ready to Prod. 5-11-90				Total Depth 3276'	P.B.T.D. 3276'		
Elevations (DF, RKB, RT, GR, etc) 6348' GI,	Name of Producing Formation Fruitland Coal				Top Oil/Gas Pay 2982'	Tubing Depth 2962'		
Perforations					Depth Casing Shoe 7" @ 2982'			

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	309'	295 cf Class B Neat
8.75"	7.000"	2982'	726 cf POZ MIX/148 cf Class B
	2.875	2962'	None

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: 1644 MCFD (wet 2" pitot)

Actual Prod. Test - MCFD 1644 MCFD (wet)	Length of Test 1 hr.	Bbls. Condensate/MMCF N/A	Gravity of Condensate N/A
Testing Method Completion Gauge	Tubing Pressure (shut-in) 1371 psig	Casing Pressure (shut in) 1410 psig	Choke Size 2" pitot

VI. OPERATOR CERTIFICATE OF COMPLIANCE

OIL CONSERVATION DIVISION

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.

Date Approved SEP 07 1990
By Original Signed by CHARLES GHOLSON
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

R.W. Williams
Signature
Roy W. Williams Administrative Manager
Printed Name
8/20/90 Title
(303) 247-0728
Date Telephone No.

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 nre 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.