

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

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

I.

Name of Operator:	Blackwood & Nichols Co., Ltd.	Well API No.:	30-039-24659
Address of Operator:	P.O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for filing (check proper area):	Other (please explain) _____		
New well: <input checked="" type="checkbox"/> X	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: _____			

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OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name:	Well No.:	Pool Name, Including Formation:	Kind Of Lease	Lease No.
Northeast Blanco Unit	491	Basin Fruitland Coal	State, Federal Or Fee:	SF-079010

LOCATION

Unit Letter: J; 1756 ft. from the South line and 1442 ft. from the East line

Section: 25 Township: 31N Range: 7W, NMPN, County: Rio Arriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: or Condensate: <input checked="" type="checkbox"/> X	Address (Give address to send approved copy of this form.)					
Giant Transportation	P.O. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Trnsprtr of Casinghead Gas: or Dry Gas: <input checked="" type="checkbox"/> X	Address (Give address to send approved copy of this form.)					
Blackwood & Nichols Co., Ltd.	P. O. Box 1237, Durango, CO. 81302					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	J	25	31N	7W	No	1/91
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
		X	X					
Date Spudded: 4-7-90	Date Compl. Ready to Prod.: 5-1-90				Total Depth: 3190'	P.B.T.D.: 3190'		
Elevations (DF, RKB, RT, GR, etc): 6268' GL	Name of Producing Formation: Fruitland Coal				Top Oil/Gas Pay: 2882'	Tubing Depth: 2872'		
Perforations: OH 2882 - 3190					Depth Casing Shoe: 7" @ 2882'			

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	307'	295 cf Class B
8.75"	7.000"	2882'	726 cf 65/35 POZ/148 cf Class B
	2.375"	2872'	

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: 582 MCFD (dry 2" pitot)

Actual Prod. Test - MCFD: 582 MCFD (dry)	Length of Test: 1 Hr.	Bbls. Condensate/MHCF: N/A	Gravity of Condensate: N/A
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) 600 psig	Casing Pressure: (shut-in) 1500 psig	Choke Size: 2" pitot

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.

R. W. Williams
Signature Roy W. Williams

Title: Administrative Manager Date: 8/20/90

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

SEP 11 1990
Date Approved _____
By: [Signature]
Title: SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 11C4

- 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.