

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REVISED

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

RECEIVED  
MAY 15 1986  
OIL CON. DIV.  
DIST. 3

I. Operator  
Blackwood & Nichols Company, Ltd.

Address  
P. O. Box 1237, Durango, Colorado 81302

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
Change in Pool Name

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Blanco Unit	Well No. 217	Pool Name, including Formation S. Los Pinos-Fruitland/PC	Kind of Lease State, Federal or Fee Federal	Lease No. SF 079003
Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>31N</u> Range <u>7W</u> , NMPM, <u>San Juan</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"/> Giant Industries	Address (Give address to which approved copy of this form is to be sent) P. O. Box 9156, Phoenix, Arizona 85068
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 90, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when Yes 12-7-83

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

William F. Clark William F. Clark  
(Signature)  
Operations Manager  
(Title)  
May 13, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT

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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
Date Spudded 9-15-83	Date Compl. Ready to Prod. 9-23-83	Total Depth 3550'			P.B.T.D. 3516'				
Elevations (DF, RKB, RT, GR, etc.), 6414' GL	Name of Producing Formation Fruitland/PC	Top Oil/Gas Pay 3364'			Tubing Depth 3457'				
Perforations 3364'-3376'    3400'-3406'    3438'-3442'						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		228'		220 cu. ft.				
7 7/8"	4 1/2"		3549'		1448 cu. ft.				
	2 3/8"		3457'		Cement circulated				

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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

Actual Prod. Test - MCF/D 2990	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) back pr.	Tubing Pressure (Shot-in) 1045	Casing Pressure (Shot-in) 1255	Choke Size 3/4"