

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

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.: **30-045-27736**

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: _____

Change in Operator: Casinghead Gas: _____ Condensate: _____

If change of operator give name and address of previous operator: **Blackwood & Nichols Co. Ltd.**

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II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 447	Pool Name, Including Formation: Basin Fruitland Coal	Kind Of Lease State, Federal Or Fee:	Lease No. E-3150-1
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LOCATION

Unit Letter: **K**; 1455 ft. from the South line and 1840 ft. from the West line

Section: **36** Township: **31N** Range: **8W, NMPM**, County: **San Juan**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: or Condensate: **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: **X** Address (Give address to send approved copy of this form.)
Blackwood & Nichols P. O. Box 1237, Durango, Colorado 81302-1237

If well produces oil or liquids, give location of tanks.	Unit K	Sec. 36	Twp. 31N	Rge. 8W	Is gas actually connected? No	When? 10/90
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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: **11-10-89** Date Compl. Ready to Prod.: **2-15-90** Total Depth: **3333'** P.B.T.D.: **3333'**

Elevations (DF, RKB, RT, GR, etc): **6450' RKB** Name of Producing Formation: **Fruitland Coal** Top Oil/Gas Pay: **3142'** Tubing Depth: **3298'**

Perforations: **Open hole with an uncemented preforated liner. (3142'-3333')** Depth Casing Shoe: **5.50: liner at 3331'; 7" at 3142'**

TUBING CASING AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	230'	177 cf Class B
8.75"	7.000"	3142'	823 cf 65/35 POZ/148 cf Class B
6.25"	5.500" (liner)	3081' - 3333'	Uncemented
	2.875"	3298'	

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: _____

Actual Prod. Test: _____ Oil-Bbls.: _____ Water - Bbls.: _____ Gas-MCF: _____

GAS WELL To be tested; completion gauges: **3800 MCFD (wet 2" pitot); 960 BPDW**

Actual Prod. Test - MCFD: 3800 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) 1375 psig	Casing Pressure: (shut-in) 1525 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 Roy W. Williams
Signature
Title: Administrative Manager Date: 10/25/90
Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved OCT 29 1990
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.