

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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.: **30-045-27298**
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: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 473	Pool Name, Including Formation: Basin Fruitland Coal	Kind Of Lease State, Federal State	Lease No. 3320-3361
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LOCATION
Unit Letter: **G**; 1850 ft. from the North line and 1780 ft. from the East 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: <input checked="" type="checkbox"/> Giant Transportation	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267				
Name of Authorized Trnspr of Casinghead Gas: or Dry Gas: <input checked="" type="checkbox"/> Blackwood & Nichols	Address (Give address to send approved copy of this form.) P. O. Box 1237, Durango, Colorado 81302-1237				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 36	Twp. 31N	Rge. 8W	Is gas actually connected? <input checked="" type="checkbox"/> No <input type="checkbox"/> When? 10/90

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)	<input checked="" type="checkbox"/> Oil Well	<input checked="" type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded: 11-14-89	Date Compl. Ready to Prod.: 3-3-90				Total Depth: 3364'	P.B.T.D.: 3361'		
Elevations (DF, RKB, RT, GR, etc): 6467' RKB	Name of Producing Formation: Fruitland Coal				Top Oil/Gas Pay: 3065'	Tubing Depth: 3322'		
Perforations: 3084-3124'; 3166-3286'; 3320-3361' Open hole with an uncemented preforated liner. (3065'-3364')					Depth Casing Shoe: 5.50: liner at 3363'; 7" at 3065'			

TUBING CASING AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	228'	117 cf Class B
8.75"	7.000"	3065'	689 cf 65/35 POZ/118 cf Class B
6.25"	5.300" liner	3000' - 3363'	Uncemented
	2.875"	3322'	

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 test 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: **4652 MCFD (wet 2" pitot); 960 BPOW**

Actual Prod. Test - MCFD: 4652 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) 825 psig	Casing Pressure: (shut-in) 1515 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: 8/20/90
Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved OCT 25 1990
By Original Signed by FRANK T. CHAVEZ
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.