

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

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

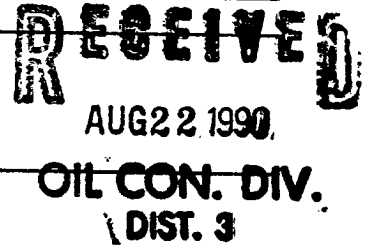
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Name of Operator:	Blackwood & Nichols Co., Ltd.	Well API No.:	30-045-27488
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"/>	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:	Well No.:	Pool Name, Including Formation:	Kind Of Lease	Lease No.
Northeast Blanco Unit	410	Fruitland Coal	State, Federal Or Fee:	FEE

LOCATION

Unit Letter K : 1545 Feet From The South Line and 1710 Feet From The West Line  
Section 9 Township 31N Range 7W, NMPH, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil _____ or Condensate <input checked="" type="checkbox"/>	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"/>	Address (Give address to send approved copy of this form.) P. O. Box 1237, Durango, CO. 81302					
Blackwood & Nichols Co., Ltd.	Unit <u>K</u>	Sec. <u>9</u>	Twp. <u>31N</u>	Rge. <u>7W</u>	Is gas actually connected? <u>No</u>	When? <u>11/90</u>
If well produces oil or liquids, give location of tanks.						
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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded: <u>1-11-90</u>	Date Compl. Ready to Prod.: <u>4-03-90</u>				Total Depth: <u>3540'</u>		P.B.T.D. <u>3540'</u>	
Elevations (DF, RKB, RT, GR, etc): <u>6669'RKB</u>		Name of Producing Formation: <u>Fruitland Coal</u>			Top Oil/Gas Pay: <u>3186'</u>		Tubing Depth: <u>3423'</u>	
Perforations: Open Hole with an uncemented pre-perforated liner. (3186'-3540')					Depth Casing Shoe: <u>5.5" @ 3466', 7" @ 3186'</u>			

TUBING CASING AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	313'	295 2M cf of Class B
8.75"	7.000"	3186'	747 65/35 Poz Mix/148 cf class B
6.25"	5.50"	3466'	Uncemented
	2.875	3423'	

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: 1,865 MCFD (wet 2" pitot), and 86 BHPD

Actual Prod. Test - MCFD: <u>1,865 MCFD</u>	Length of Test: <u>1-1/2 hr.</u>	Bbls. Condensate/MMCF: <u>N/A</u>	Gravity of Condensate: <u>N/A</u>
Testing Method: Completion Gauge	Tubing Pressure: (shut-in) <u>660 psig</u>	Casing Pressure: (shut-in) <u>1060 psig</u>	Choke Size: <u>2" pitot</u>

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  
AUG 22 1990

Date Approved \_\_\_\_\_  
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.