

Submit 5 copies
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

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

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.: 30-045-27508
Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237
Reason(s) for Filing (check proper area): Other (please explain)
New well: Oil: Change in Transporter of: Dry Gas:
Recompletion: Casinghead Gas: Condensate:
Change in Operator: X
If change of operator give name
and address of previous operator: Blackwood & Nichols Co., LTD

RECEIVED
JAN 3 0 1991
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit Well No.: 434 Pool Name, Including Formation: Basin Fruitland Coal Kind Of Lease: State, Federal Or Fee: Lease No.: SF-079010

LOCATION

Unit Letter: K; 1790 ft. from the South line and 2510 ft. from the West line
Section: 23 Township: 31N Range: 7W, 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 Trnspr 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, Unit Sec. Twp. Rge. Is gas actually connected? No When? 1-91
give location of tanks. K 23 31N 7W
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 X New Well X Workover Deepen Plug Back Same Res'v Diff Res'v
Date Spudded: 1-26-90 Date Compl. Ready to Prod.: 10-12-90 Total Depth: 3364' P.B.T.D.: 3364'
Elevations (DF, RKB, RI, GR, etc): 6454' RKB Name of Producing Formation: Fruitland Coal Top Oil/Gas Pay: 3048' Tubing Depth: 3027'
Perforations: Open Hole no Liner Depth Casing Shoe: 7" at 3048"
Open Hole 3048'-3364'

TUBING CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|---------------------------------------|
| 12.25" | 9.625" | 311' | 295 cf Class B |
| 8.75" | 7.000" | 3048' | 726 cf 65/35 Class B/148 Class B Neat |
| 6.25" | None | | |
| | 2.875" | 3027' | |

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: 2,039 MCFD (2" pitot wet); 1029 BPDW

Actual Prod. Test - MCFD: 2,039 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) 500 psig Casing Pressure: (shut-in) 1100 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.

Roy W. Williams
Signature

Roy W. Williams

Title: Administrative Manager

Date: 1/25/91

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved _____

By _____

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.