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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
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.:	30-045-27510
Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237			
Reason(s) for Filing (check proper area): Other (please explain) _____			
New well <u>X</u>	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.: 436	Pool Name, Including Formation: Basin Fruitland Coal	Kind Of Lease State, Federal Or Fee:	Lease No. SF-078988
LOCATION				
Unit Letter <u>G</u> : <u>1530</u> Feet From The <u>North</u> Line and <u>1895</u> Feet From The <u>East</u> Line				
Section <u>19</u> Township <u>31N</u> Range <u>6W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>or</u> Condensate <u>X</u> Giant Transportation		Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267				
Name of Authorized Trnsprtr of Casinghead Gas <u>or</u> Dry Gas <u>X</u> Blackwood & Nichols Co., Ltd.		Address (Give address to send approved copy of this form.) P.O., Box 1237, Durango, CO 81302-1237				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 19	Twp. 31N	Rge. 6W	Is gas actually connected? No	When? 06/90
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)	Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded: 11-27-89	Date Compl. Ready to Prod.: 01-03-90				Total Depth: 3284'	P.B.T.D.: 3284'		
Elevations (DF, RKB, RT, GR, etc): 6338' UG GL	Name of Producing Formation: Fruitland Coal				Top Oil/Gas Pay: 3010'	Tubing Depth: 2971'		
Perforations: Open hole from 3010' to 3284', No Liner					Depth Casing Shoe: 7" @ 2989'			

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	318'	295 cf of Class B
8.75"	7.000"	2989'	797 cf of HOWCO LITE 65/35
	2.375	2971'	147 cf of Class B Neat

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.:

RECEIVED
FEB 06 1990

GAS WELL To be tested; completion gauges: 421 MCFD (dry 2" pitot), and 57 BWD

Actual Prod. Test - MCFD:	Length of Test:	Bbls. Condensate/MMCF:	Gravimetric Condensate:
Testing Method:	Tubing Pressure: (shut-in) 1525 psig	Casing Pressure: (shut-in) 1525	Choke Size:

OIL CON. DIV.
DIST. 3

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.

William F. Clark
Signature

Title: Operations Manager

Date: 2 Feb 90

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved 3-16-90

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.