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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

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.:	30-045-26368
Address of Operator:	P.O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for Filing (check proper area):	Other (please explain) _____		
New well: X	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	494	Basin Fruitland Coal	State, Federal Or Fee:	SF-079003

LOCATION
Unit Letter: N; 1250 ft. from the South line and 1640 ft. from the West line
Section: 27 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 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	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	N	27	31N	7W	No	1-91

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:	6-24-90	Date Compl. Ready to Prod.:	9-14-90	Total Depth:	3088'	P.B.T.D.:	3088'	
Elevations (DF, RKB, RT, GR, etc):	6296' RKB	Name of Producing Formation:	Fruitland Coal	Top Oil/Gas Pay:	2737'	Tubing Depth:	2691'	
Perforations:	Open hole no liner			Depth Casing Shoe: 7" at 2737'				

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	9.625"	309'	295 cf Class B Neat
8.75"	7.000"	2737'	677 cf 65/35 Poz Mix/148 Class B
	2.375"	2691'	

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:	OIL CON. DIV.
		(Flow, pump, gas, lift, etc)	
Length of Test:	Tubing Pressure:	Casing Pressure:	Choke: 3
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	Gas-MCF:

GAS WELL To be tested; completion gauges: 476 MCFD (2" pitot mist); 49 BPDW

Actual Prod. Test - MCFD:	Length of Test:	Bbls. Condensate/MMCF:	Gravity of Condensate:
476 MCFD (mist)	1 Hr.	N/A	N/A
Testing Method:	Tubing Pressure:	Casing Pressure:	Choke Size:
Completion Gauge	(shut-in) 1450 psig	(shut-in) 1470 psig	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.

Signature: Roy W. Williams

Title: Administrative Manager Date: 9/21/90

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved: OCT 05 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.