

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.**

Operator <b>BLACKWOOD &amp; NICHOLS COMPANY A LIMITED PARTNERSHIP</b>	Well API No. <b>30-045-28644</b>
Address <b>P. O. Box 1237, Durango, Colorado 81302</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator **Amoco Production Company, P. O. Box 800, Denver, Colorado 80201**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Northeast Blanco Unit</b>	Well No. <b>306</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <b>SF-079010</b>
Location Unit Letter <b>D</b> : <b>1190</b> Feet From The <b>North</b> Line and <b>450</b> Feet From The <b>West</b> Line Section <b>26</b> Township <b>31N</b> Range <b>7W</b> , <b>NMPM</b> , <b>San Juan</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**NOV 10 1992**  
**OIL CON. DIST. #3**

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**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.

**Al Rector**  
Signature  
**Al Rector, District Superintendent**  
Printed Name  
**November 6, 1992** **(303) 247-0728**  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **NOV 10 1992**

By **Original Signed by CHARLES GHOLSON**

Title **DEPUTY OIL & GAS INSPECTOR, DIST. #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 only 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.



**LTR**



**Job separation sheet**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Blackwood & Nichols Co.

3. Address and Telephone No.

P.O. Box 1237, Durango, CO, 81302-1237 (303)247-0728

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1190'N - 450'W

Sec 26, T31N, R7W

Northeast Blanco Unit

8. Well Name and No.

NEBU 306

9. API Well No.

30-045-28644

10. Field and Pool, or Exploratory Area

Dakota

11. County or Parish, State

San Juan

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Cathodic Protection

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Plans are to bury a #2 and a #8 guage cathodic cable 12 to 18 inches in the ground from a proposed cathodic cable located in the NW $\frac{1}{4}$ , Sec.26, T.31 N., R.7 W., to the NEBU 306 well location, as shown on the attached map. The purpose of this undertaking is to provide cathodic protection for the NEBU 306 well casing. The cable will be routed parallel to an existing Williams Field Services pipeline and will be 10 to 15 feet from the pipeline. No right-of-way clearing will be required and the cable will be plowed in with the use of a ripper tooth on a ditch witch. All surface disturbance will be confined to the existing 50 foot right-of-way. The project will be on Bureau of Land Management and will be approximately 1800. feet in length.

The archaeological report No. 049, dated October 21, 1991.

14. I hereby certify that the foregoing is true and correct

Signed

*[Signature]*

Title Coordinating Consultant

Date

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

JUN 22 1993

DISTRICT MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

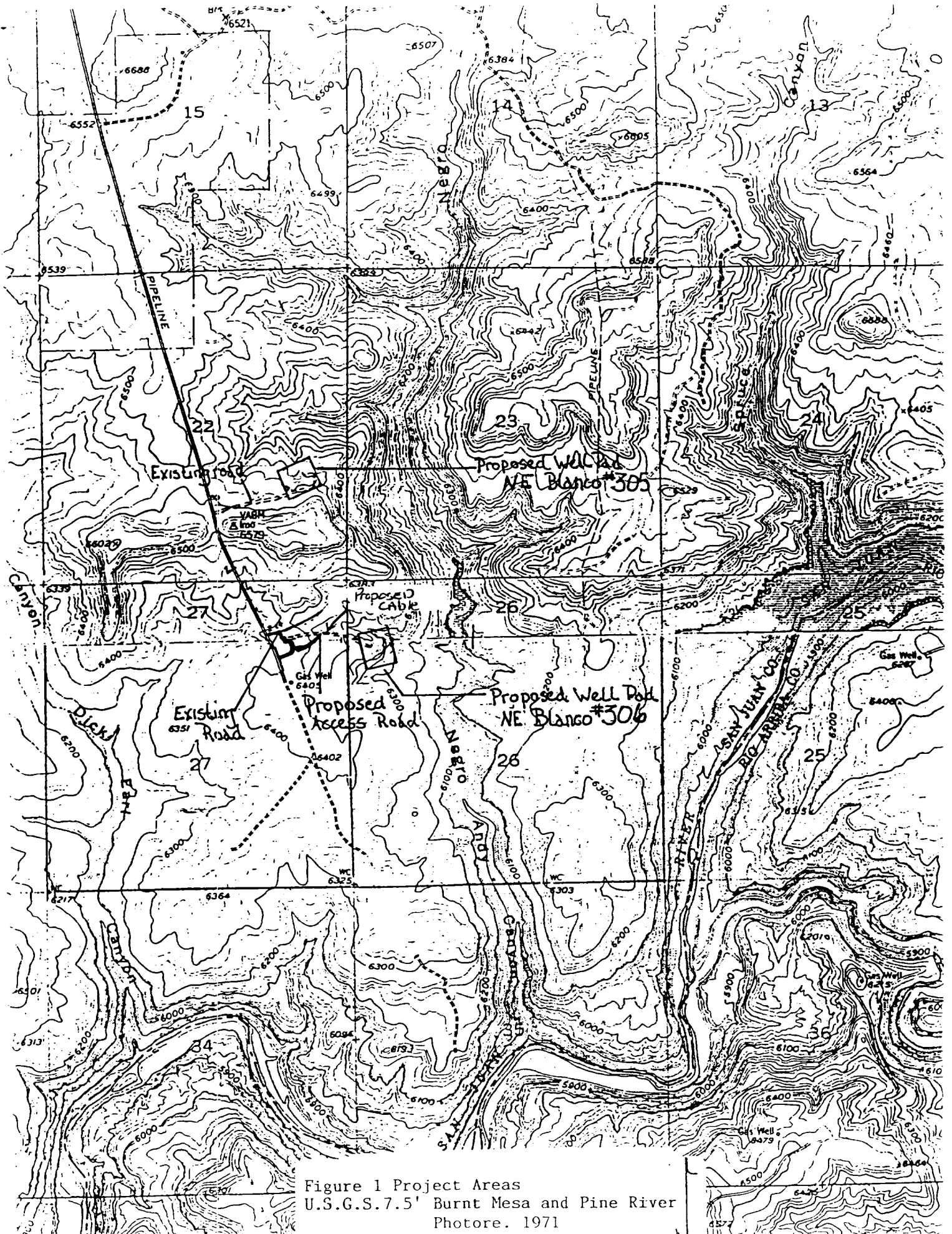


Figure 1 Project Areas  
 U.S.G.S. 7.5' Burnt Mesa and Pine River  
 Photore. 1971