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U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator  
**Blackwood & Nichols Company**

Address  
**P. O. Box 1237, Durango, Colorado 81301**

Reason(s) for filing (Check proper box)  
New Well  
Recompletion  
Change in Ownership  
Change in Transporter of:  
Oil  
Casinghead Gas  
Dry Gas  
Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name  
**Northeast Blanco Unit**

Well No.  
**13**

Pool Name, including Formation  
**Blanco Mesaverde**

Kind of Lease  
State, Federal or Fee **Federal**

Location  
Unit Letter **K** ; **2500** Feet From The **S** Line and **1700** Feet From The **W**  
Line of Section **20** , Township **30N** Range **7W** , NMPM, **Rio Arriba** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  
**Inland Corporation**

Address (Give address to which approved copy of this form is to be sent)  
**P O. Box 1528, Farmington, New Mexico 87401**

Name of Authorized Transporter of Casinghead Gas  
**El Paso Natural Gas Company**

Address (Give address to which approved copy of this form is to be sent)  
**P.O. Box 990, Farmington, New Mexico 87401**

If well produces oil or liquids, give location of tanks.  
**K 20 30N 7W**

Is gas actually connected?  
**Yes**

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Pool

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

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 Tanks

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

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure

Casing Pressure

Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

DeLasso Loos

Field Superintendent

OIL CONSERVATION COMMISSION

APPROVED

AUG 19 1969

BY Original Signed by Emery C. Arnold

SUPERVISOR DIST. #9

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.