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| FILE | | |
| 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

I. Operator
Blackwood & Nichols Co., Ltd.
Address
P. O. Box 1237, Durango, Colorado 81301
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------|--------------------------------|----------------------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Northeast Blanco Unit | 101A | Blanco Mesaverde | Federal State, Federal or Fee | SF079001A |
| Location Unit Letter <u>J</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>1530</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>30N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | | | | | NO | |

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 8-30-78 | Date Compl. Ready to Prod. 9-17-78 | Total Depth 5890' | P.B.T.D. 5850' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6282' GL | Name of Producing Formation Mesaverde | Top Gas Gas Pay 5058' | Tubing Depth 5712' | | | | | |
| Perforations 5058' - 5350' - 40 holes, 5404' - 5728' - 40 holes | | | Depth Casing Shoe 5890' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 9 5/8" | | 216' | | 175 sacks | | | |
| 8 3/4" | 7" | | 3505' | | 300 sacks | | | |
| 6 1/4" | 4 1/2" | | 3373' - 5890' Liner | | 300 sacks | | | |

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 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 Q = 2645 | Length of Test 3 Hours | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method XXX back pr.) back pr. | Tubing Pressure (Shut-in) 560 | Casing Pressure (Shut-in) 560 | Choke Size 3/4" |

VI. 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
(Signature)
District Manager
(Title)
9-25-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.