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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 ☒ XX

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐   Dry Gas ☐

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	102A	Blanco Mesaverde	State, Federal or Fee Federal	SF079001A

Location

Unit Letter ___F___ ; ___1810'___ Feet From The ___North___ Line and ___1540'___ Feet From The ___West___

Line of Section ___3___ Township ___30N___ Range ___7W___ , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ XX or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Inland Corporation	P.O. Box 1528 Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ XX	Address *(Give address to which approved copy of this form is to be sent)*
El Paso Natural Gas Company	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

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-7-78	9-24-78	5940'	5897'

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6315' GL	Mesaverde	5146'	5788'

Perforations	Depth Casing Shoe
5146' – 5442' 36 holes 5488 – 5800' 52 holes	5940'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	9 5/8"	224'	150 sacks
8 3/4"	7"	3579'	300 sacks
6¼"	4½"	3390' 5938' 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)
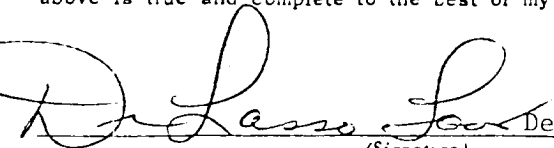
Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL
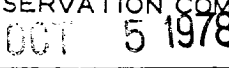
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Q = 2347	3 hours		
Testing Method *(pitot, back pr.)*	Tubing Pressure **(shut-in)**	Casing Pressure **(shut-in)**	Choke Size
Back Pr.	570	605	3/4"

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)

10-2-78
(Date)

OIL CONSERVATION COMMISSION

OCT 5 1978

APPROVED _____, 19____

BY _Original Signed by R. R. Kendrick_

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.

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