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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Name of Operator:	Blackwood & Nichols Co. A Limited Partnership	Well API No.:	30-039-24321
Address of Operator:	P.O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for Filing (check proper area):	Other (please explain) _____		
New well:	Change in Transporter of:		
Recompletion:	Oil:	Dry Gas:	
Change in Operator: X	Casinghead Gas:	Condensate:	
If change of operator give name and address of previous operator: Blackwood & Nichols Co., Ltd.			

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name:	Well No.:	Pool Name, Including Formation:	Kind Of Lease	Lease No.
Northeast Blanco Unit	417	Basin Fruitland Coal	State, Federal Or Fee:	E-289-23

**LOCATION**

Unit Letter: M; 1190 ft. from the South line and 800 ft. from the West line

Section: 2 Township: 30N Range: 7W, NMPN, County: Rio Arriba

**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, CO 81302-1237			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	M	2	30N	7W
Is gas actually connected? No		When? 8-90		
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
			<b>RECEIVED</b> NOV 2 - 1990 OIL CON. DIV. / DIST. 3

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

**GAS WELL** To be tested; completion gauges:

Actual Prod. Test - MCFD:	Length of Test:	Bbls. Condensate/MMCF:	Gravity of Condensate:
Testing Method:	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.

R. W. Williams  
Signature

Roy W. Williams

Title: Administrative Manager

Date: 11/1/90

Telephone No.: (303) 247-0728

**OIL CONSERVATION DIVISION**

NOV 02 1990

Date Approved \_\_\_\_\_

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.