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State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

Name of Operator: Blackwood & Nichols Co. A Limited Partnership		Well API No.: 30-039-24326
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:
Change in Operator: X		Casinghead Gas:
		Dry 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: Northeast Blanco Unit	Well No.: 427	Pool Name, Including Formation: Basin Fruitland Coal	Kind Of Lease State, Federal Or Fee:	Lease No. E-178-1
LOCATION Unit Letter: M ; 1140 ft. from the South line and 1330 ft. from the West line Section: 16 Township: 30N Range: 7W , NMPM , County: Rio Arriba				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: or Condensate: X Giant Transportation	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Trnsprtr of Casinghead Gas: or Dry Gas: X Blackwood & Nichols	Address (Give address to send approved copy of this form.) P.O. Box 1237, Durango, CO 81302-1237					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 16	Twp. 30N	Rge. 7W	Is gas actually connected? No	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)	Choke Size:
Length of Test:	Tubing Pressure:	Casing Pressure:	Gas MCF:
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	

GAS WELL To be tested; completion gauges:		Bbls. Condensate/MMCF:	Gravity of Condensate:
Actual Prod. Test - MCFD:	Length of Test:	Casing Pressure: (shut-in)	Choke Size:
Testing Method:	Tubing Pressure: (shut-in)		

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
Title: Administrative Manager

Roy W. Williams

Date: 11/9/90

OIL CONSERVATION DIVISION

Date Approved NOV 13 1990

By

Title Supervisor
Shant
SUPERVISOR DISTRICT #3

Telephone No.: (303) 247-0728

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) Fill out Section IV for each pool in multiply completed wells.