

OIL CONSERVATION DIVISION

TO TRANSPORT OIL AND NATURAL GAS
REQUEST FOR ALLOWABLE AND AUTHORIZATION

1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT III
P.O. Drawer DD, Artesia, NM 88210
DISTRICT II
P.O. Box 1980, Hobbs, NM 88240
DISTRICT I

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

I.

Name of Operator: Blackwood & Nichols Co. A Limited Partnership
Well API No.: 30-039-24490

Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237

Reason(s) for filling (check proper area):
New well: _____
Recompletion: _____
Change in Operator: X
Oil: _____
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: Northeast Blanco Unit
Well No.: 479
Pool Name, Including Formation: Basin Fruitland Coal
Kind Of Lease: State, Federal Or Fee:
Lease No.: SF-079060

LOCATION
Unit letter: K; 2510 ft. from the South line and 1640 ft. from the West line
Section: 20 Township: 30N Range: 7W, N40W, 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.)
P.O. Box 12999, Scottsdale, AZ 85267

Name of Authorized Transporter of Casinghead Gas: or Dry Gas: X
Address (Give address to send approved copy of this form.)
P.O. Box 1237, Durango, CO 81302-1237

If well produces oil or liquids, Unit K
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Date Spudded: _____ Date Compl. Ready to Prod.: _____
Designate Type of Completion (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v

Total Depth: _____ P.B.T.D.: _____
Name of Producing Formation: _____
Top Oil/Gas Pay: _____ Tubing Depth: _____

Performations: _____
Depth Casing Shoe: _____

TUBING CASING AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE
(Test must be after recovery of total volume of load oil and must be at least 24 hours.)
for this depth or be for full 24 hours.)

Date First New Oil Run To Tank: _____
Producing Method: (Flow, pump, gas, lift, etc.)
Casing Pressure: _____
Tubing Pressure: _____
Oil-Bbls.: _____
Water - Bbls.: _____
Gas/MCF: _____

Length of Test: _____
Actual Prod. Test: _____
Length of Test: _____
Bbls. Condensate/MCF: _____
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.

Signature: Roy W. Williams
Date: 12/11/90
Title: Administrative Manager
Telephone No.: (303) 247-0728

By: _____
Date Approved: _____
Title: SUPERVISOR DISTRICT #3

OIL CONSERVATION DIVISION

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.