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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	
OWNER	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes O-104 and O-110
Effective 1-1-65

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) Name change:
Blackwood & Nichols Company to
Blackwood & Nichols Co., Ltd.

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE
Lease Name Northeast Blanco Unit Well No. 30 Pool Name, including Formation Blanco Mesaverde Kind of Lease State, Federal or Free Federal Lease No. 078581
Location
Unit Letter A ; 830 Feet From The N Line and 1100 Feet From The E
Line of Section 12 Township 30N Range 8W NMPM, San Juan County

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Inland Corporation
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Company
If well produces oil or liquids, give location of tanks. Unit A Sec. 12 Twp. 30N Rge. 8W
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1528 Farmington, New Mexico 87401
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 990, Farmington, New Mexico 87401
Is gas actually connected? Yes When November 11, 1955

If this production is commingled with that from any other lease or pool, give commingling order number:

3. COMPLETION DATA
Designate Type of Completion -- (X) Oil Well Gas Well New Well Workover Deepen Plug Back Stime Rest. Other R. W.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Taking Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

4. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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-Ebbls. Water-Ebbls. Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D Length of Test Ebbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

5. 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.
De Lasso Loos District Manager
May 3, 1977
OIL CONSERVATION COMMISSION
APPROVED BY ORIGINAL SIGNED BY H. E. DAWELL, JR.
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 tribulation 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.