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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

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

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

I.

Name of Operator: **Blackwood & Nichols Co. A Limited Partnership** Well API No.: **30-039-07947**

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: ☐ Casinghead Gas: ☐ Condensate: ☐

If change of operator give name

and address of previous operator: _____

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JAN 03 1994

OIL CON. DIV.

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Northeast Blanco Unit** Well No.: **11** Pool Name, Including Formation: **Blanco Mesaverde** Kind Of Lease: **State, Federal Or Fee:** **Dist. 3** Lease No. **SF-079010**

LOCATION

Unit Letter: **H**; 1550 ft. from the North line and 790 ft. from the East line

Section: **25** Township: **31N** 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 Trnspr of Casinghead Gas: or Dry Gas: **X** Address (Give address to send approved copy of this form.)
Williams Field Services P.O. Box 58900, Salt Lake City, UT 84158-0900

If well produces oil or liquids, give location of tanks. Unit **H** Sec. **25** Twp. **31N** Rge. **7W** Is gas actually connected? **yes** When? **6-16-64**

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)

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.

Steve Dufay for
Signature

Al Rector

Title: District Superintendent

Date: **12-29-93**

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved **JAN 03 1994**

By *Steve Dufay*
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.