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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
OPERATION OFFICE

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Blackwood & Nichols Co., Ltd.
P. O. Box 1237, Durango, Colorado 81301
District(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain) Name Change:
Blackwood & Nichols Company to
Blackwood & Nichols Co., Ltd.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name: Northeast Blanco Unit Well No.: 59 Pool Name, including Formation: Blanco Mesaverde Kind of Lease: State, Federal or Fee: Federal Lease No.: 079010
Location: Unit Letter: A ; 1160 Feet From The N Line and 990 Feet From The E
Line of Section: 24 Township: 31N Range: 7W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation P. O. Box 90, Farmington, New Mex. 87401
If well produces oil or liquids, give location of tanks. Unit: Sec.: Twp.: Rge.: Is gas actually connected? When: Yes November 16, 1960

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

COMPLETION DATA
Designate Type of Completion -- (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv. Diff. Resv.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, FKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tying Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 test 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-Bbls. Water-Bbls. Gas-MCF

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

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.
DeLasso Loos District Manager
May 3, 1977

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
ORIGINAL SIGNED BY N. E. MAXWELL, JR.
BY _____
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 tabulation 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.