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to appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
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P.O. Box 1980, Aztec, NM 87410

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.:	30-045-10589
Address of Operator:	P.O. Box 1237, Durango, Colorado 81302-1237		
Reason(s) for Filing (check proper area):	Other (please explain) _____		
How well:	Oil:	Change in Transporter of:	Dry Gas:
Completion:	Casinghead Gas:		Condensate:
Change in Operator:	X		
If change of operator give name and address of previous operator:	Blackwood & Nichols Co., Ltd.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name:	Well No.:	Pool Name, Including Formation:	Kind Of Lease	Lease No.
Northeast Blanco Unit	59	Blanco Mesa Verde	State, Federal Or Fee:	079010
LOCATION				
Unit Letter: A; 1160 ft. from the North line and 990 ft. from the East line				
Section: 24 Township: 31N Range: 7W, NMPM, County: San Juan				

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 Transporter of Casinghead Gas:	or Dry Gas: X	Address (Give address to send approved copy of this form.)	
Northwest Pipeline		P.O. Box 90, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 24	Twp. 31N Rge. 7W
Is gas actually connected?		Yes	When? 11/60
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

WOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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.

Signature: R. W. Williams
Title: Administrative Manager
Date: 4/14/91

OIL CONSERVATION DIVISION

Date Approved: JAN 16 1991
By: [Signature]
Title: Supervisor
SUPERVISOR DISTRICT #1

Telephone No.: (303) 247-0728

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in