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| TRANSPORTER | OIL / GAS / |
| OPERATOR | |
| PRORATION 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

G.P.D. - 30-045-23480

I. OPERATOR

Operator: Blackwood & Nichols Co., Ltd.

Address: P.O. Box 1237, Durango, Colorado 81301

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---|---|--|-----------|
| Lease Name <u>Northeast Blanco Unit</u> | Well No. <u>204</u> | Pool Name, including Formation <u>South Los Pinos PC</u> | Kind of Lease State, Federal or Fee <u>Fee</u> | Lease No. |
| Location | | | | |
| Unit Letter <u>M</u> | <u>830</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> | | | |
| Line of Section <u>1</u> | Township <u>31N</u> | Range <u>7W</u> | , NMPM, <u>San Juan</u> County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Inland Corporation</u> | <u>P.O. Box 1528 Farmington, New Mexico 87401</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>El Paso Natural Gas Company</u> | <u>P.O. Box 990 Farmington, New Mexico 87401</u> |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | <u>No</u> |

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. |
| | | X | X | | | | | |
| Date Spudded <u>8-8-79</u> | Date Compl. Ready to Prod. <u>8-21-79</u> | Total Depth <u>3680'</u> | | P.B.T.D. <u>3640'</u> | | | | |
| Elevations (DF, RKB, RT, GR, etc.) <u>6546' GL</u> | Name of Producing Formation <u>Fruitland - P.C.</u> | Top <input checked="" type="checkbox"/> Gas Pay <u>3404"</u> | | Tubing Depth <u>3580'</u> | | | | |
| Perforations <u>3404' - 3598' Twenty-four holes</u> | | | | Depth Casing Shoe <u>3686'</u> | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| <u>12 1/4"</u> | <u>9 5/8"</u> | | <u>217'</u> | | <u>150</u> | | | |
| <u>7 7/8"</u> | <u>4 1/2"</u> | | <u>3686'</u> | | <u>487</u> | | | |

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 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 <u>Q=4476</u> | Length of Test <u>Three Hours</u> | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) <u>Back Pr</u> | Tubing Pressure (Shut-in) <u>1420</u> | Casing Pressure (Shut-in) <u>1420</u> | Choke Size <u>3/4"</u> |

VI. 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
8-30-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 21 1979, 19 _____
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.