

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

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

I. Operator **Blackwood & Nichols Company**  
 Address **P. O. Box 1237, Durango, Colorado**  
 Reason(s) for filing (Check proper box)  New Well  Change in Transporter of:  Oil  Dry Gas  Casinghead Gas  Condensate  Other (Please explain) **Change in lease name and well number**

If change of ownership give name and address of previous owner **This well was previously Howell 1-0**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
<b>Northeast Blanco Unit</b>	<b>103</b>	<b>Blanco Mesaverde</b>	<del>State</del> Federal <del>State</del>
Location			
Unit Letter <b>N</b>	<b>1090</b> Feet From The <b>South</b> Line and <b>1550</b> Feet From The <b>West</b>		
Line of Section <b>24</b>	Township <b>30N</b>	Range <b>8W</b>	NMPM, <b>San Juan</b> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 990, Farmington, New Mexico</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <b>Yes</b> When <b>After workover 4-23-58</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA

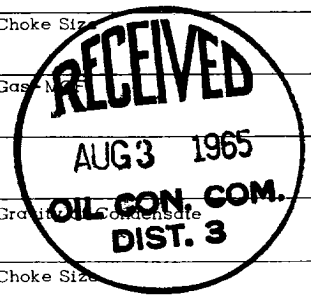
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudied	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations					Depth Casing Shoe			
TUBING, CASING, AND 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 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	Grade of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size



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.

Original Signed by **DeLasso Loos** **DeLasso Loos**

(Signature)

**Field Superintendent**

(Title)

**July 30, 1965**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 3 1965**, 19

BY **Original Signed Emery C. Arnold**

TITLE **Supervisor Dist # 3**

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.