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NEW MEXICO OIL CONSERVATION COMMISSION

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
**Blackwood & Nichols Co., Ltd.**

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

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain) Name change:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<b>Blackwood &amp; Nichols Company to</b>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	<b>Blackwood &amp; Nichols Co., Ltd.</b>
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Northeast Blanco Unit</b>	Well No. <b>23</b>	Pool Name, including Formation <b>Blanco Mesaverde</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>079042</b>
Location				
Unit Letter <b>N</b>	<b>680</b>	Feet From The <b>S</b>	Line and <b>430</b>	Feet From The <b>W</b>
Line of Section <b>6</b>	Township <b>30N</b>	Range <b>7W</b>	<b>San Juan</b> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Inland Corporation</b>	<b>P.O. Box 1528, Farmington, New Mexico 81401</b>
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 87401</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>N</b> Sec. <b>6</b> Twp. <b>30N</b> Rge. <b>7W</b>	<b>Yes</b> <b>December 22, 1955</b>

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 Resrv.	Diff. Resrv.
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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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

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 DeLasso Loos  
(Signature)  
District Manager  
(Title)  
May 3, 1977  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **ORIGINAL SIGNED BY N. E. MAXWELL, JR.**  
TITLE **MANAGER, OIL CONSERVATION COMMISSION**

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.