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Appropriate District Office
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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

I.

Name of Operator: Blackwood & Nichols Co. A Limited Partnership	Well API No.: 30-045-10216
Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237	
Reason(s) for Filing (check proper area): <input type="checkbox"/> Other (please explain) _____	
New well: <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion: <input type="checkbox"/>	Oil: <input type="checkbox"/>
Change in Operator: <input checked="" type="checkbox"/>	Casinghead Gas: <input type="checkbox"/>
Dry Gas: <input type="checkbox"/>	
Condensate: <input type="checkbox"/>	
If change of operator give name and address of previous operator: Blackwood & Nichols Co., Ltd.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 38	Pool Name, Including Formation: Blanco Mesa Verde	Kind Of Lease State, Federal Or Fee: <input type="checkbox"/>	Lease No. 079043
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LOCATION

Unit Letter: **B**; 520 ft. from the North line and 2420 ft. from the East line

Section: **31** Township: **31N** Range: **7W, NMPM**, County: **San Juan**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: <input checked="" type="checkbox"/> or Condensate: <input checked="" type="checkbox"/>	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267	
Giant Transportation		
Name of Authorized Trnsprtr of Casinghead Gas: <input type="checkbox"/> or Dry Gas: <input checked="" type="checkbox"/>	Address (Give address to send approved copy of this form.) P.O. Box 990, Farmington, NM 87499	
El Paso Natural Gas		
If well produces oil or liquids, give location of tanks.	Unit B Sec. 31 Twp. 31N Rge. 7W	Is gas actually connected? <input checked="" type="checkbox"/> When? 11/57
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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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

MOLE 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 Tank:	Date of Test:	Producing Method: (Flow, pump, gas, lift, etc)	
Length of Test:	Tubing Pressure:	Casing Pressure:	Choke Size:
Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	Gas-MCF:

GAS WELL To be tested; completion gauges:

Actual Prod. Test - MCFD:	Length of Test:	Bbls. Condensate/MMCF:	Grain of Condensate:
Testing Method:	Tubing Pressure: (shut-in)	Casing Pressure: (shut-in)	Choke size:

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.

R.W. Williams
Signature

Roy W. Williams

Title: Administrative Manager

Date: 1/14/91

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved

By

Title

Jan 16 1991
Supervisor District 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
4) Section IV must be filled out for each pool in multiply completed wells.