9 Submit 5 copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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.: 30-039-07785
Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237	

Reason(s) for Filing (check proper area): Other (please explain) _____

New well:	Change in Transporter of:	
Recompletion:	Oil:	Dry Gas:
Change in Operator: X	Casinghead Gas:	Condensate:

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 State, Federal Or Fee:	Lease No.
Northeast Blanco Unit	34	Blanco Mesa Verde		SF-079053

LOCATION
Unit Letter: ~~M~~ N; 900 ft. from the South line and 800 ft. from the West line

Section: 19 Township: 30N Range: 7W, NMPM, County: Rio Arriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: or Condensate: X Giant Transportation	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267
Name of Authorized Trnsptr of Casinghead Gas: or Dry Gas: X El Paso Natural Gas	Address (Give address to send approved copy of this form.) P.O. Box 990, Farmington, NM 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	M	19	30N	7W	Yes	12/57

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)	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

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 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:

RECEIVED
JAN 16 1991
OIL CON. DIV.
DIST.

GAS WELL To be tested; completion gauges:

Actual Prod. Test - MCFD:	Length of Test:	Bbls. Condensate/MMCF:	Gravity 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 JAN 16 1991

By _____

Title SUPERVISOR DISTRICT #3

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