STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

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DISTRIBUTION			Г		
SANTA PE					
FILE					
U.1.G.4.					
LAND OFFICE					
TRANSPORTER	OIL	Ī.,			
	GAS				
OPERATOR					
PROBATION OFFICE					

OIL CONSERVATION DIVELLO DIV.

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND								
I.	AUTHOR	RIZATION TO TRANS	PORT OIL	AND NATU	RAL ^L GAS			
Operator								
Blackwood & Nic	hols (Company, Ltd.		·	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·			
P. O. Box 1237,	Dura	ngo Colorado	8130) ?				
Reason(s) for filling (Check proper box)	Dura	ngo, colorado	0130	Other (Please	e erojain)			
New Well	Change i	in Transporter of:					-	
Recompletion	XX OII	a	Dry Gas					
Change in Ownership	Cast	nghead Gas C	andensate					
If change of ownership give name and address of previous owner								
II. DESCRIPTION OF WELL AND L		· · · · · · · · · · · · · · · · · · ·						
Lease Name	l l	Pool Name, Including F			Kind of Lease		Legge No.	
Northeast Blanco Unit	19A	Blanco Mes	saverde		State, Federal or Fee Fed	leral S	F 079060	
	Feet Fro	m The South Lin	ne and	1045	Feet From TheEast		· 	
Line of Section 20 Townsh	ip 31	ON Range	7W	, NMPM	. Rio Arriba		County	
III. DESIGNATION OF TRANSPOR	TER OF	OIT AND NATURAL	CAS					
Name of Authorized Transporter of OII	or C	ondensate 🔯	Andress (Give address i	to which approved copy of this	s jorm is to se	e sent)	
Giant Industries Refinery P. O. Name of Authorized Transporter of Casinghead Gas 7 or Dry Gas Address (6				. Box 9	156, Phoenix,Ar	izona 8	35068	
T				o which approved copy of this	s jorm is to be	: sent)		
El Paso Natural Gas Company P. O. Box 4289, Farmington, NM 87499-4289						289		
If well produces oil or liquids, give location of tanks.	it Sec	. Twp. Rge.	Yes April 25, 1980					
If this production is commingled with the	st from ar	y other lease or pool,	give comm	ingling order	number:			
NOTE: Complete Parts IV and V or	reverse s	tide if necessary.						
VI. CERTIFICATE OF COMPLIANCE	Ξ			OIL C	ONSERVATION DIVIS	UN 25	1987	
APPROVED				*************************************				
been complied with and that the information given is true and complete to the best of my knowledge and belief.			BYSrank . Save					
•				· ,	endeby	ISOR DISTRICT	71.0	
017810			TITLE					
W. f. Clark William F. Clark			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
(Signature) Operations Manager			well, th	is form must	be accompanied by a table tell in accordance with a	ulation of th	e deviation	
(Title) 6-22-87			All sections of this form must be filled out completely for allowable on new and recompleted wells.					
(Date)			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.					

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