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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

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

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

I.

Name of Operator:	Blackwood & Nichols Co. A Limited Partnership	Well API No.:	30-045-28222
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.			

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JAN 30 1991

**OIL CON. DIV.
DIST. 3**

II. DESCRIPTION OF WELL AND LEASE

Oper. Change Only

Lease Name:	Well No.:	Pool Name, including Formation:	Kind Of Lease	Lease No.
Northeast Blanco Unit	461	Basin Fruitland Coal	State, Federal Or Fee:	SF-079042

LOCATION Unit Letter: *X*
Surface: 1830 ft. from the South line and 830 ft. from the East line
I Section: 12 Township: 30N Range: 8W, NMPM, County: San Juan
Bottom Hole: 1376 ft. from the South line and 840 ft. from the West line
Section 12, Township 30N, Range 8W, NMPM, County San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil:	or Condensate: X	Address (Give address to send approved copy of this form.)				
[REDACTED]		P.O. [REDACTED]				
Name of Authorized Trnsprtr of Casinghead Gas:	or Dry Gas: X	Address (Give address to send approved copy of this form.)				
[REDACTED]		P.O. [REDACTED] 81302				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					No	
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

WOLE 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:	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.

Roy W. Williams
Signature

Roy W. Williams

Title: Administrative Manager

Date: *1/25/91*

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

JAN 30 1991

Date Approved _____
By *[Signature]*
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.