

Submit 5 copies  
Appropriate District Office  
DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

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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.: **30-045-10169**

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: X

Change in Operator:

Casinghead Gas:

Condensate: \_\_\_\_\_

If change of operator give name  
and address of previous operator: \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: <b>Northeast Blanco Unit</b>	Well No.: <b>56</b>	Pool Name, Including Formation: <b>Blanco Mesaverde</b>	Kind Of Lease State, <u>Federal</u> Or Fee:	Lease No. <b>SF-079003</b>
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**LOCATION**

Unit Letter: **A**; 1100 ft. from the North line and 265 ft. from the East line

Section: **34** Township: **31N** Range: **7W**, **NMPM**, County: **San Juan**

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil: or Condensate: X <b>Giant Transportation</b>	Address (Give address to send approved copy of this form.) <b>P.O. Box 12999, Scottsdale, AZ 85267</b>
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Name of Authorized Trnsprtr of Casinghead Gas: or Dry Gas: X <b>Williams Field Services</b>	Address (Give address to send approved copy of this form.) <b>P.O. Box 58900, Salt Lake City, UT 84158-0900</b>
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If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>34</b>	Twp. <b>31N</b>	Rge. <b>7W</b>	Is gas actually connected? <b>yes</b>	When? <b>1-20-59</b>
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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
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Date Spudded:	Date Compl. Ready to Prod.:	Total Depth:	P.B.T.D.:
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Elevations (DF, RKB, RT, GR, etc):	Name of Producing Formation:	Top Oil/Gas Pay:	Tubing Depth:
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Perforations:	Depth Casing Shoe:
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**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)
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Length of Test:	Tubing Pressure:	Casing Pressure:	Choke Size:
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Actual Prod. Test:	Oil-Bbls.:	Water - Bbls.:	Gas-MCF:
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**GAS WELL** To be tested; completion gauges:

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

*Alce DeKays for*  
Signature **Al Rector**

Title: District Superintendent Date: 12/29/93

Telephone No.: (303) 247-0728

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_

By JAN 03 1994

Title \_\_\_\_\_

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