

APPROVED FOR FILING	5
REGISTRATION	1
STATE	1
FILE	1
DEPT. S.	1
LAND OFFICE	1
TRANSPORTER	OIL
	GAS
OPERATOR	1
REGISTRATION OFFICE	2
Operator	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Blackwood & Nichols Co., Ltd.			
P. O. Box 1237, Durango, Colorado 81301			
Person(s) for filing (Check proper box)			
New Well	☐	Change in Transporter of:	Other (Please explain) Name change:
Re-completion	☐	Oil ☐	Blackwood & Nichols Company to
Change in Ownership	☐	Casinghead Gas ☐	Blackwood & Nichols Co., Ltd.
		Dry Gas ☐	
		Condensate ☐	

If change of ownership, give name and address of previous owner.

DESIGNATION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Northeast Blanco Unit	49	Blanco Mesaverde	State, Federal or Fee Federal
Location			Lease No. 079045
Unit Letter	H	1780 Feet From The	N Line and 220 Feet From The E
Line of Section	30	Township 31N	Range 7W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☐	or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐	or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline Corporation		P. O. Box 90, Farmington, New Mex. 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Is gas actually connected? When
			Yes December 18, 1957

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Plug
			Drift Plug
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Deviations (DF, L&R, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
POLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
DeLasso Loos	
(Signature)	
District Manager	
(Title)	
May 3, 1977	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19	
BY ORIGINAL SIGNED BY H. E. MAXWELL, JR.	
TITLE	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
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.	