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 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

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

I.

Name of Operator: Blackwood & Nichols Co. A Limited Partnership	Well API No.: 30-045-10772
Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237	
Reason(s) for Filing (check proper area): <input type="checkbox"/> Other (please explain) _____	
New well: <input type="checkbox"/>	Change in Transporter of: _____
Recompletion: <input type="checkbox"/>	Oil: <input type="checkbox"/>
Change in Operator: <input checked="" type="checkbox"/>	Casinghead Gas: <input type="checkbox"/>
	Dry Gas: <input type="checkbox"/>
	Condensate: <input type="checkbox"/>
If change of operator give name and address of previous operator: Blackwood & Nichols Co., Ltd.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 52	Pool Name, Including Formation: Blanco Mesa Verde	Kind Of Lease State, Federal Or Fee:	Lease No. 03356
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LOCATION

Unit Letter: **G**; 1650 ft. from the North line and 1650 ft. from the East line

Section: **15** 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: <input checked="" type="checkbox"/>	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267			
Name of Authorized Trnsprtr of Casinghead Gas: or Dry Gas: <input checked="" type="checkbox"/>	Address (Give address to send approved copy of this form.) P.O. Box 90, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit 6	Sec. 15	Twp. 31N	Rge. 7W
	Is gas actually connected? <input checked="" type="checkbox"/>		When? 7/57	

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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	SACK 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/MCF:	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*
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.