

Submit 5 copies  
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  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Name of Operator:	Blackwood & Nichols Co. A Limited Partnership	Well API No.:	30-045-10938
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:	<input checked="" type="checkbox"/>
Change in Operator:	Casinghead Gas:	Condensate:	<input type="checkbox"/>
If change of operator give name and address of previous operator: _____			

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 60	Pool Name, Including Formation: Blanco Mesaverde	Kind Of Lease State, <u>Federal</u> Or Fee:	Lease No.: SF-078988
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LOCATION

Unit Letter: A; 1090 ft. from the North line and 1250 ft. from the East line

Section: 07 Township: 31N Range: 6W, NMPM, County: San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: or Condensate: X Giant Transportation	Address (Give address to send approved copy of this form.) P.O. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Trnspt of Casinghead Gas: or Dry Gas: X Williams Field Services	Address (Give address to send approved copy of this form.) P.O. Box 58900, Salt Lake City, UT 84158-0900					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 7	Twp. 31N	Rge. 7W	Is gas actually connected? yes	When? 10-27-61
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

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)	
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.

Alice deKang 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 \_\_\_\_\_

Brian J. Shaw

SUPERVISOR DISTRICT #8

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.

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