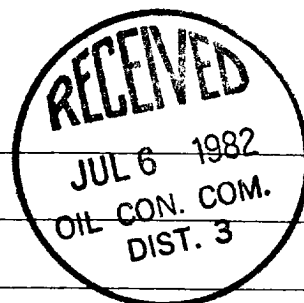


NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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



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SANTA FE	
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U.S.C.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator  
 Blackwood & Nichols Co., Ltd.

Address  
 P. O. Box 1237, Durango, Colorado 81301

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Northeast Blanco Unit</b>	Well No. <b>40A</b>	Pool Name, Including Formation <b>Blanco Mesaverde</b>	Kind of Lease State, Federal or Fee	State	Lease No. <b>E-292-9</b>
Location					
Unit Letter <b>P</b>	<b>1080</b>	Feet From The <b>South</b> Line and	<b>1190</b>	Feet From The <b>East</b>	
Line of Section <b>36</b>	Township <b>31N</b>	Range <b>8W</b>	<b>NMPM,</b>	<b>San Juan</b>	County

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

Name of Authorized Transporter of Oil  or Condensate   
**Giant Industries** Address (Give address to which approved copy of this form is to be sent)  
 P. O. Box 9156, Phoenix, Arizona 85068

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
**El Paso Natural Gas Company** Address (Give address to which approved copy of this form is to be sent)  
 P. O. Box 990, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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

**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)

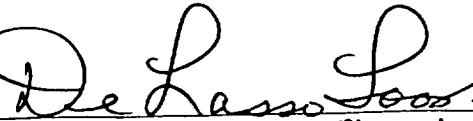
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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  
 District Manager  
 (Title)  
 \_\_\_\_\_  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED JUL 06 1982, 19\_\_\_\_  
 BY Original Signed by CHARLES GHOLSON  
 DEPUTY OIL & GAS INSPECTOR, DIST. #3  
 TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepene 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 conditions.