

9 Submit 5 copies
 Appropriate District Office
DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
 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.: 30-045-23481
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: <u>Blackwood & Nichols Co., Ltd.</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Blanco Unit	Well No.: 201	Pool Name, Including Formation: South Los Pinos Fruitland Picture Cliff	Kind Of Lease State, Federal Or Fee:	Lease No. FEE
LOCATION				
Unit Letter: M ; 990 ft. from the South line and 1030 ft. from the West line				
Section: 9 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"/> Giant Transportation	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"/> Northwest Pipeline	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 M Sec. 9 Twp. 31N Rge. 7W
Is gas actually connected? <input checked="" type="checkbox"/> Yes	When? 12/79
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

MOLE 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 gas 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:

RECEIVED
JAN 16 1991
OIL CON. DIV.
DIST. 9

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: 12/11/90

Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION
JAN 16 1991

Date Approved _____

By [Signature]

Title 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.