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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.: 30-045-25007 | |
| Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237 | | |
| Reason(s) for Filing (check proper area): Other (please explain) | | |
| New well: <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> | |
| Recompletion: <input type="checkbox"/> | Oil: <input type="checkbox"/> | Dry Gas: <input type="checkbox"/> |
| Change in Operator: <input checked="" type="checkbox"/> | Casinghead 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.: 68 | Pool Name, Including Formation: Blanco Mesa Verde | Kind Of Lease State, Federal Or Fee: <input type="checkbox"/> | Lease No. SF-079003 |
|--|---------------------|--|---|----------------------------|

LOCATION

Unit Letter: **A**; **790** ft. from the North line and **1292** ft. from the East line

Section: **35** 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 Trnspr 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 A | Sec. 35 | Twp. 31N | Rge. 7W | Is gas actually connected? <input checked="" type="checkbox"/> Yes | When? 12/81 |
| 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 |
|-----------|----------------------|-----------|
| | | |
| | | |
| | | |
| | | |

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JAN 6 1991
OIL CON. DIV
DIST. 3

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/MCFD: | 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
Date: 1/14/91
Title: Administrative Manager
Telephone No.: (303) 247-0728

OIL CONSERVATION DIVISION

Date Approved JAN 16 1991
By _____
Title Supervisor
SUPERVISOR DISTRICT # 18

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.