

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Blackwood & Nichols Company, Ltd.

Address
P. O. Box 1237, Durango, Colorado 81302

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)

OCT 08 1985
OIL CON. DIV.)
DIST. 3

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Blanco Unit	Well No. 212	Pool Name, including Formation S. Los Pinos-Ft./PC	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>0</u> : <u>1030</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>31N</u> Range <u>7W</u> , NMPM, <u>San Juan</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Industries	P. O. Box 9156, Phoenix, Arizona 85068
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P. O. Box 90, Farmington 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No October, 1985 or May, 1986

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

William F. Clark
William F. Clark (Signature)
Petroleum Engineer
October 3, 1985 (Date)

OIL CONSERVATION DIVISION

APPROVED NOV 07, 1985
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-15-85	Date Compl. Ready to Prod. 8-31-85	Total Depth 3212'			P.B.T.D. 3212'				
Elevations (DF, RKB, RT, GR, etc.) 6515' GR	Name of Producing Formation Fruitland/PC	Top Oil/Gas Pay 3184'			Tubing Depth 3181'				
Perforations Open Hole from 3174' to 3212' - 38'						Depth Casing Shoe 3174'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8" 32.3#		216		236 cf			
7 7/8"		4 1/2" 10.5#		3174		1379 cf			
		2 3/4		3181					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 814	Length of Test 3 hours	Bbls. Condensate/MMCF None	Gravity of Condensate
Testing Method (pilot, back pr.) A.O.F. - 1786 MCFD	Tubing Pressure (Shut-In) 1410 psig	Casing Pressure (Shut-In) 1510 psig	Choke Size 3/16"