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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

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-110
Effective 1-1-65

Blackwood & Nichols Co., Ltd.	
Address	
P. O. Box 1237, Durango, Colorado 81301	
Reason(s) for filing (Check proper box)	
New Well	Change in Transporter of:
Recompletion	Oil
Change in Ownership	Condensate Gas
	Dry Gas
	Condensate
Other (Please explain) Name change: Blackwood & Nichols Company to Blackwood & Nichols Co., Ltd.	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE	
Lease Name	Well No.
Northeast Blanco Unit	5R
Location	Pool Name, including Formation
	Blanco Mesaverde
Unit Letter	Kind of Lease
N	State, Federal or Fee
350	Federal
Feet From The	Lease No.
S	079511
Line and	
1890	
Feet From The	
W	
Line of Section	County
13	San Juan
Township	
30N	
Range	
8W	
NMPM,	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)
Inland Corporation	P.O. Box 1528, Farmington, New Mexico 87401
Name of Authorized Transporter of Condensate Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Is gas actually commingled? When
Unit	Yes
Sec.	August 19, 1975
Twp.	
Rge.	
N	
13	
30N	
8W	

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, GR, etc.)	Name of Producing Formation
	Top Oil/Gas Pay
	Testing 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
Actual Prod. During Test	Oil-Bbls.
	Water-Bbls.
	Choke Size
	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
	Bbls. Condensate/MMCF
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.	
APPROVED _____, 19	
BY _____	
TITLE _____	
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.	
District Manager	
DeLasso Loos	
(Signature)	
District Manager	
(Title)	
May 3, 1977	
(Date)	